

ASSESSING SELF-CONCEPT THROUGH STUDENT ASSISTANCE, POWER,
EXPLORATION, AND FOUNDATION (AST SAPEF): A CULTURALLY
SPECIFIC, AFROCENTRIC STUDENT ASSISTANCE PROGRAM MODEL

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ABSTRACT

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Counseling models and programs for African-American children enrolled in public schools have been and continue to be executed using Eurocentric theory, activities, approaches, and treatment. A fairly new Eurocentric counseling model with excellent potential is the Student Assistance Program. The Atlanta Public School system incorporates such a program. The primary focus of the Student Assistance Program is substance abuse prevention, education, and treatment. The Atlanta Public School system incorporates such a model although their student population is predominately African-American. With problems that are unique to the African-American community, African-American children need counseling models that will treat and address these problems in an effort to decrease, resolve, and prevent them and their resulting symptoms.

Assessing Self-Concept Through Student Assistance, Power, Exploration, and Foundation (AST SAPEF) addresses the major problems in the African-American community via a culturally specific, Afrocentric counseling approach. The model was designed to assess student self-concept in an effort to improve it through counseling and educating inner city African-American children and their parents in five component areas. The five components are Mental and Physical Health, Spirituality, Self-Esteem, Emotional Health, and Social Relationships.

The model was pilot tested at one Atlanta elementary school using an eight-week support group format. Twenty fifth-grade students, chosen at random, completed the Piers-Harris Children's Self-Concept Scale (PHCSS), an 80-item self-report instrument designed to assess the self-concept of children and adolescents.

The survey results showed improved scores on the instrument following AST SAPEF intervention. These scores suggest that many of the counselees' self-concept positively changed during and following AST SAPEF intervention.

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CHAPTER ONE

THE PROBLEM

School counseling is an integral part of the Atlanta Public School System (APSS). This is an unusual phenomenon since school counseling is not a mandated part of today's curriculum in the public school. As in many public school systems, due to a limited number of counselors in each school, it is virtually impossible for the assigned school counselor to service each student in need of counseling services. This impossibility is no secret among individuals in the counseling profession. Individual counseling and support groups are minimal, and classroom guidance is encouraged in an effort to service more students. As a result, counseling professionals have come forth and developed support programs for school counseling programs. One example of these types of support programs is the Student Assistance Program (SAP).

Student Assistance Programs (SAPS) are usually considered to be valuable for today's children,¹ and this feeling is accurately extended to the Atlanta Public School's (APS's) Student Assistance Program. The value of these programs lie in their comprehensive approach to counseling and delivery of counseling services with an

¹Willie Foster, Director of Pupil Services, Atlanta Public Schools, interview by author, 16 June 1994, Pupil Personnel Services Office, Howard Building, Atlanta.

emphasis on alcohol or other drug education and counseling services.² This universal concept, however, does carry substantial limitations. The Atlanta Public School System's (APSS's) SAP is not comprehensive (as the name implies), is limited in its approach to counseling and delivering of counseling services, is not tailored for African-American children (its primary population), emphasizes alcohol or other drug education and counseling services as opposed to other major problems in the African-American community, and is not culturally specific to its population (African-American children) in that it does not adequately address frequently-occurring problems affecting African-American children. Some of these problems are minimal self-concept, the absence of a value system, minimal respect for adults, no expectations set by adults, and the influence and convenience of alcohol or other drugs (AOD).³

There are also various counseling and guidance programs in the public school system designed to address these problems. The goals of the counseling and guidance programs are designed so the students learn to cope with their current situations, make informed decisions, accept

²Georgia Department of Human Resources and Georgia Department of Education, Making The Right Moves in Student Assistance Programs (Atlanta: Georgia Department of Human Resources and Georgia Department of Education, 1990).

³Sisters in the Struggle for Survival (S.I.S.S.) of Mays High School, "Targeting Issues that Affect our Youth," "SISS"TERHOOD First Annual Conference (Atlanta: M. L. King, Jr. Center for Non-Violent Social Change, 1995).

responsibility regarding initiating and maintaining healthy relationships, successfully complete their education, and live free of substance abuse.⁴

The counseling and guidance program in the APSS that attempts to address these concerns is the Student Assistance Program (SAP). The present SAP model is designed to address problems resulting from alcohol or other drugs and chemical dependency. Additionally, the school system's present SAP does not facilitate a range of approaches tailored to particular settings built on the basic theme of substance abuse prevention in adolescents as SAPs are designed to do.⁵

The SAP model presently used in the APSS services at-risk youth involved in AOD abuse or reside in an environment where alcohol or other drugs are present. The model is based on the support group and classroom presentation approaches to counseling at-risk students. The APS's SAP annually provides services to approximately 3,645 African-American students in grades kindergarten through twelve.⁶

⁴Willie Foster, Director of Pupil Services, Atlanta Public Schools, interview by author, 16 June 1994, Pupil Personnel Services Office, Howard Building, Atlanta.

⁵John McGovern and Robert DuPont, "Student Assistance Programs: An Important Approach to Drug Abuse Prevention," Journal of School Health 61, no. 6 (August 1991): 260-63.

⁶Atlanta Public Schools, Student Assistance Program Database (Atlanta: Atlanta Public Schools, 1994).

The present office composition of the APS's SAP consists of the supervisor, four counselors, and a secretary. Certification in neither school counseling or in addiction counseling is required. There are no substance abuse counselors on staff and, to date, only one counselor in the program is certified by the state in school counseling. That counselor is this researcher.

Core teams of school faculty and staff members are expected to be formed by the SAP counselors. Any faculty or staff member can be selected to serve on the core team. There are no specific qualification requirements. Core team members can include the principal, nurse, counselor, custodian, cafeteria personnel, assistant principal, curriculum specialist, coach, and a teacher. The core team addresses at-risk behaviors and other self-destructive behaviors, and each core team member becomes an individual case manager and creates a student file consisting of pre-assessment information.⁷ Each counselor is assigned to 24 schools, creates a schedule and designs a program by selecting a theme and activities for groups and classroom presentations. The support group (referred to as life enrichment groups) and the classroom presentations are scheduled for 30-60 minutes in length. All counselors are required to complete a minimum of twenty weekly support

⁷Georgia Department of Human Resources and Georgia Department of Education, Making the Right Moves in Student Assistance Programs, 28-29.

groups. Individual counseling sessions conducted by counselors are neither encouraged or required. Additional responsibilities of the counselors include coordinating AOD-related school assembly programs and submitting weekly schedules to the supervisor. The counselors document school visits and weekly counselee contacts using school/site accountability reports. These reports summarize the theme or topic for that particular day, note school location, school counselor, principal, date, site name, telephone number, address, arrival and departure time, type of session, and follow-up. Completed reports are submitted to the supervisor for approval. The supervisor submits the approved reports to the secretary for her to file in each counselor's folder.

The supervisor reports to the director of Pupil Personnel Services. Responsibilities of the supervisor include submitting monthly reports which tabulate group and individual counseling sessions and classroom presentations conducted by each counselor, assigning schools to counselors, and conducting weekly staff meetings. Other responsibilities include reviewing and approving site accountability forms, developing a brochure and handbook, conducting workshops, and evaluating each counselor.

The secretary reports to the supervisor. Responsibilities of the secretary include issuing departmental payroll, preparing and receiving reports and

educational leave forms for the staff, ordering supplies, and creating all necessary forms for the office. Other responsibilities include typing correspondence and handling all mail, receptionist duties, maintaining files, scheduling meetings, and recording minutes to staff meetings.

Children carry with them many issues that are affective in nature. These same issues may affect inner city African-American children differently due to their circumstances and are manifested in symptoms at school and continue with the children after they leave school to return home. These problems of inner city African-American students are minimal self-concept, the absence of a value system, minimal respect from adults, no expectations set by adults for them, the influence and convenience of alcohol or other drugs, boredom, limited opportunities to earn money, no monetary allowance, minimal role models, lack of community involvement in their rearing, no spiritual influence, minimal self worth, very few safe and trustful environments, hopelessness, no open communication with adults, hypocrisy, lack of family stability, inability to identify with a rich and credible heritage, poverty, and racism.* The symptoms of the issues arising from the preceding list are low achievement, anger, violence, crime, homicide, drug use, drug trafficking, gang involvement,

*Folami Prescott, Self-Esteem Through Culture Leads to Academic Excellence (SETCLAE), 1st ed. (Chicago: African-American Images, 1992), 3-185.

suicide, teenage pregnancy, teenage parenting, and poor health--mental and physical.

Rationale of Study

This researcher chose to design and create a culturally specific, Afrocentric counseling model for three reasons: First, no culturally specific, Afrocentric SAP counseling model seems to exist at this time. Second, the model may be a forum to address the symptoms listed previously: low achievement, anger, violence, crime, homicide, drug use, drug trafficking, gang involvement, suicide, teenage pregnancy, teenage parenting, and poor health (mental and physical). The third reason was to, hopefully, serve as a viable alternative to the Atlanta Public School System's present SAP in order to assure the addressing of these crucial concerns.

This specific model was named Assessing Self-Concept Through Student Assistance, Power, Exploration, and Foundation (AST SAPEF). The model was also created to address the problems referred to earlier: minimal self concept, the absence of a value system, minimal respect from adults, lack of expectations set by adults for African-American children, the influence and convenience of alcohol or other drugs (AOD), boredom, limited opportunities to earn money, lack of allowance, minimal role models, lack of community involvement in their rearing, no spiritual influence, minimal self worth, very few safe and trustful

environments, hopelessness, no open communication with adults, hypocrisy, lack of family stability, inability to identify with a rich and credible heritage, poverty, and racism. The model will, hopefully, not only address but attempt to resolve these problems.

Significance of the Problem

To date, a culturally specific, Afrocentric Student Assistance Program model does not exist. Many inner city African-American students in the public school system are a part of a guidance and counseling program that uses Eurocentric counseling methods. These are more fully explained on page eleven. It is crucial that counselors employ culturally-specific counseling techniques to cultivate in young children self-pride from a black perspective.⁹ Research of mental health services emphasizes the design and use of therapeutic interventions that are Eurocentric and traditional¹⁰ as opposed to Afrocentric and nontraditional. Some examples of traditional Eurocentric therapeutic interventions are SAPS, AOD addiction recovery programs, and public school counseling and guidance programs. Examples of

⁹Courtland Lee, "Counseling African Americans: From Theory to Practice," in Black Psychology, 3d ed., ed. Reginald Jones (Berkeley: Cobb and Henry, 1991), 559-76.

¹⁰Johnnie Turner, "An Analysis of Selected Characteristics of Employee Assistance Programs at the United Negro College Fund Member Institutions" (Ph.D. diss., Clark Atlanta University, 1993), 60-61, 63.

nontraditional Afrocentric therapeutic interventions are SETCLAE (Self-esteem Through Culture Leads to Academic Excellence), SUPER STARS (Substance Use Prevention Education Resource Self-esteem Through Arts and Recreation Sessions), and Reclamations. Many issues and behavioral, academic, and emotional problems characteristic of inner city African-American children could be effectively addressed by a culturally specific Student Assistance Program model. A culturally specific, Afrocentric student assistance program model is needed to accomplish this task.

SAPs are recognized in the school community for their expertise regarding the effects of alcohol and other drugs and for their ability to help students with serious problems, including substance abuse.¹¹ This model can be recognized in the school and African-American communities for its expertise in the same areas as SAPs in addition to its expertise for the remaining major problems that plague the inner city African-American student.

Embry and Durden offer a rationale for the need for culturally specific programming as it relates to African-American women in recovery.¹² Their rationale can be easily adapted to argue the need for a culturally specific

¹¹McGovern and DuPont, "Student Assistance Programs: An Important Approach to Drug Abuse Prevention," 260-63.

¹²Denise Embry and Favella Durden, African-American Women in Recovery Needed: Culturally Specific Programming (Marietta: CID Enterprises, Inc., 1991).

Afrocentric counseling model for inner city African-American children.

Too often many inner city African-American public school children receive counseling services based on Eurocentric counseling models which do not address their true problems. African-American children need counselors and counseling models that are sensitive to the effects that loss of culture can have on the African-American child in a European society.¹³

Inner city African-American children encounter major challenges when they become counselees. Some of these challenges include feelings of shame, worthlessness, embarrassment, and hopelessness.¹⁴ While some of these challenges are common to many counselees, additional feelings of inadequacy, lack of belonging, and feelings of being labeled are prevalent in inner city African-American children. In Eurocentric counseling models, inner city African-American students are measured by "society's" standards of success and worth rather than those of their own reality.¹⁵ This "society" is dominated by the Eurocentric way of thinking, including the African-American inner city public schools. The African-American teachers and counselors who want to educate and counsel African-

¹³Ibid.

¹⁴Ibid.

¹⁵Ibid.

Americans using an African frame of reference are intimidated and feel burdened by curriculum mandates from the central office.¹⁶ These two groups are also evaluated by scores and an orderly "classroom" (the Eurocentric method), not the child's desire to actively participate in his learning. This forces them to conform to the Eurocentric way of thinking in an effort to maintain their jobs. There are also veteran African-American teachers and counselors in the public school system who will not change from the traditional Eurocentric method of instruction and counseling. The Eurocentric way of thinking and method of counseling is analytical in nature and is characteristic of rules, conformity, standardization, restrictions on classroom movement, convergence (focused), deductive reasoning, and being things-focused.¹⁷ In contrast, the African-American way of thinking and method of counseling is relational in nature. They are characteristic of freedom of classroom movement, variation, creativity, divergent thinking, free-flowing thinking, inductive reasoning, being people-focused, and affectiveness.¹⁸

Why do inner city African-American children suffer the devastating effects of violence and black-on-black

¹⁶Jawanza Kunjufu, Developing Positive Self Images and Discipline in Black Children (Chicago: African-American Images, 1984), 37.

¹⁷Ibid., 37.

¹⁸Ibid.

homicide? Why don't they think favorably of themselves? Why do they doubt their abilities? Inner city African-American children still do not "fit" the dynamics of the "perfect" individual they are taught to be¹⁹ and often see media (a very powerful tool) portraying African-Americans as individuals who are: less intelligent than they really are; less creative than they really are; less beautiful (inwardly and physically) than they really are; less articulate than they really are; and more violent than they really are. Not surprisingly, inner city African-American children become overwhelmed with a sense of loss, confusion, and depression. Their only salvation is to feel "connected". This sense of connectedness can take place in a culturally specific, African-American based counseling program.²⁰

A culturally specific model which introduces inner city African-American children to their spiritual and cultural bases may result in six discoveries: African-Americans have a way of living that is unique to African-Americans whose ancestors originated from Africa; their lives are intertwined with a strong moral fiber from birth; they live, speak, dress, and eat differently than any other culture; African-Americans and their history is richer and deeper than that taught by the European based American

¹⁹Embry and Durden, African-American Women in Recovery Needed: Culturally Specific Programming.

²⁰Ibid.

society; African-Americans descend from a culture that has ruled kingdoms, and have made some of the greatest discoveries and inventions known to man. Inner city African-American children desperately need this foundation of wealth in their lives.²¹

Culturally specific models address all of these challenges directly. The models look at the issues that are most vital to all of us as humans: low self-esteem, lack of trust, dysfunctional family relationships, negative stereotypes portrayed by media, and violence.²²

In addition, culturally specific programs concentrate on assisting counselees in assessing, interpreting, and renegotiating their dysfunctional family and peer relationships as well as those external factors that negatively impact them, introduce counselees to effective coping skills for attitude and behavior modification, assign counselees the responsibility for changing negative behaviors, and expose clients to cultural defense mechanisms and African-American pain to permit these issues to be dealt with on "safe" ground.²³ Based on this rationale, a culturally specific, African-American based counseling model

²¹Ibid.

²²Mental Health Association of Metropolitan Atlanta, Growing Up With Violence, Family Mental Health Issues Fourth Annual Conference (Atlanta: Mental Health Association of Metropolitan Atlanta, 1994). .

²³Embry and Durden, African-American Women in Recovery Needed: Culturally Specific Programming.

as AST SAPEF would be very beneficial in a public school setting.

The purpose of this study was four-fold: to convey the importance and appropriateness of implementing a culturally specific, Afrocentric counseling model in a public school system with a predominately African-American student population; to alert African-American scholars and mental health professionals to the need for additional creations of culturally specific counseling programming; to motivate African-American scholars to write quality culturally specific literature, textbooks, and scripts; and to introduce and explain a culturally specific, Afrocentric based Student Assistance Program model that is designed to assist inner city African-American children in preventing or resolving their problems early so that their African-American communities can be managed by productive, healthy, and non-corrupt African-American citizens.

Questions to be Researched

1. Will the counselee's perceived self-concept change as a result of their intervention with the AST SAPEF model?

2. Will the counselee's perception of counseling change as a result of their exposure to the AST SAPEF model?

The writer measured the research questions using data obtained from the Piers-Harris Children's Self-Concept Scale that was completed by each counselee.

Hypotheses

1. The counselee's perceived self-concept will not change as a result of their intervention with the AST SAPEF model.

2. The counselee's perception of counseling will not change as a result of their exposure to the AST SAPEF model.

Delimitations

The study was delimited to a sample of elementary school students who were members of the two fifth grade classes at Hope Elementary School as of March 28, 1994. Randomly selected fifth grade students participated in the study during the spring of 1994. The students were selected from their homeroom teacher's classroom roster.

Limitations

The findings of the study were limited by the fact that the one model used for comparison with the AST SAPEF model is the Atlanta Public School System's SAP model. The findings of the study were also limited by the validity and reliability of the instrument used and the self-report nature of the data obtained from the student.

Research Assumptions

The following assumption was made by the writer in executing this study:

All respondents would be fifth graders who responded to the Piers-Harris Children's Self-Concept Scale and Evaluation Of Group Counseling form.

Definition of Terms

Listed below are definitions used in the study:

Affirmation: A positive declaration, statement, or assertion.

Afrocentric: Utilizing the history, culture, and philosophy of African people.

At-risk: Any child that stands the chance of being influenced by or involved in one or more negative behaviors or circumstances that impede upon their successful socialization, academic performance, rational chain of thought, positive relationships with others.

Counselee: The student involved in the counseling process characteristic of the AST SAPEF model.

Mini-assemblies: A group of students or counselees (no more than twenty-five) gathered together to participate in an interactive presentation or rap session from forty minutes to one hour. There is generally a predetermined theme and a presenter. The counselee or another student may serve as a presenter.

Parent: The guardian of the counselee involved in the counseling process characteristic of the AST SAPEF model.

PATPEF Counseling Team: One female and one male PATPEF counselor.

PATPEF Counselor: The AST SAPEF model counselor who serves/counsels and educates the parents and community.

SAP: A Eurocentric counseling approach for reducing adolescent substance abuse. The SAP (Student Assistance Program) is built on the basic theme of substance abuse prevention.

AST SAPEF: A culturally specific, Afrocentric student assistance program model designed to counsel students in grades first through fifth. AST SAPEF, Assessing Self-Concept Through Student Assistance, Power, Exploration, and Foundation is a support system for the school counseling and guidance program. The acronym AST SAPEF will also be used with the terms counseling team, counselor, and staff counselor.

Counseling Team: One female and one male AST SAPEF counselor.

Counselor: The AST SAPEF model counselor who serves/counsels and educates the counselee and community.

AST SAPEF/PATPEF Counseling Teams: One AST SAPEF Counseling Team and one PATPEF Counseling Team combined.

Staff Counselor: The AST SAPEF model counselor (as opposed to a supervisor) who counsels and serves AST SAPEF and PATPEF counselors and completes AST SAPEF reports.

SETCLAE: A model curriculum that teaches children the positive aspects of their cultural heritage while simultaneously increasing self-esteem and academic performance.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

There is a paucity of research on culturally specific, Afrocentric Student Assistance Program models. The following discussion lists some of the reasons for the scarcity that are not documented but have been verbally stated in various workshops and informal conversations throughout this researcher's career and training. The first reason is that the Student Assistance Program (SAP) was founded by Caucasian professionals in the counseling field, and they designed the original model which has primarily been followed. There is no record of any input in the design of the model by African-American counseling professionals. Secondly, the original SAP model was implemented in the suburbs (where the population is predominately Caucasian) for people who were abusing alcohol or other drugs. During these formative stages of the development of SAPS, the African-American community was not educated about them. The third reason for the scarcity of research is that during the initial development and implementation stages of the SAP, a tremendously large number of African-American counselors (especially school counselors at inner city schools) were not aware of the program.¹ For example, Atlanta Public School (APS)

¹Willie Foster, Director of Pupil Services, Atlanta Public Schools, interview by author, 16 June 1994, Pupil

counselors were first introduced to the SAP in 1992.² Prior to 1992 the majority of the school counselors did not know of the SAP's existence. However, in Cobb County (a predominately Caucasian populated school system), the SAP has existed since 1987 as stated by Jean Ivy,³ Cobb County Public School's SAP secretary. This information substantiates the fact that Caucasians are customarily exposed to many educational and resourceful programs and data before African-Americans.

Due to the lack of emphasis on, and exposure to, counseling in the African-American community African-American children have relied on personal support systems for help with their problems, health issues, anxieties, hurts, and fears--those ills and feelings for which Caucasians would most likely seek professional counseling. The personal support systems of the African-American child include parents, immediate and extended families, relatives, friends, and religion. Often African-American children are taught to resolve problems and ills by praying, "toughing it

Personnel Services Office, Howard Building, Atlanta.

²Ibid.

³Jean Ivy, Secretary of the Cobb County Public School's Student Assistance Program, interviewed by author, 11 June 1994, telephone conversation, Atlanta.

out", and trusting in God (as opposed to seeking counseling).⁴

African-American psychologists have written that Western psychological theorists, therapists, and practitioners do not adequately address the developmental and historical experiences of African-Americans.⁵ Stated more strongly, these three groups omit these vital experiences in the counseling process. These experiences often affect the lifestyles of African-Americans, and may actually cause some of their problems. Turner further clarifies this statement by writing:

The knowledge of emotional health problems, within the black population, is seriously limited due to inconsistencies in interpretations of what actually constitutes psychotic and psychoneurotic behavior. Most studies on mental illness have established a linkage between socioeconomic position, and both the incidence and the prevalence of certain types of mental illness. Incidence rates, of many forms of mental disorders among African-Americans, often result from overdiagnosis, particularly by White psychiatrists who tend to overdiagnose psychoses among blacks. This is a manifestation of one way in which cultural bias impedes objective perceptions. Also, it shows the inability of White psychiatrists to understand the various nuances of African-American Culture.⁶

⁴Henry Anderson, IV, M.D., interviewed by author, 4 April 1994, MedFirst Office, Jonesboro, Georgia.

⁵Turner, "An Analysis of Selected Characteristics of Employee Assistance Programs at the United Negro College Fund Member Institutions," 60-61, 63.

⁶Ibid., 60-61, 63.

It is no secret that African-American children are challenged to survive in an environment, a society, and a culture that are different than for other races. Although these children have a unique origin and history, circumstances in our present-day environment, society, and culture are designed to promote, empower, advance, and accommodate Caucasians.⁷ Therefore, these powerful circumstances must solicit involvement from professional counselors using counseling models that attempt to recommend, explain, and comprehend counseling theories, methods, and approaches conducive for inner city African-American children so that they too may be mentally and emotionally empowered and advanced in a positive way.⁸ These circumstances also suggest that African-American counseling professionals must customize European models in order to better serve the needs of African-American children, especially the inner city African-American child. When characterizing the aspects of the environment in which African-Americans live, specific issues are vital and relevant to psychological health: racism, the need to adapt to Caucasian institutions and culture, adapting to the African-American community (family, institutions, and

⁷Kunjufu, Developing Positive Self Images and Discipline in Black Children, 1-98.

⁸Lee, "Counseling African Americans: From Theory to Practice," 559-76.

culture), and successfully fighting poverty and political powerlessness.⁹

The SAP model is based on the Employee Assistance Program (EAP) model. The EAP model was developed for industry in the early 1970's in an effort to combat low productivity in the workplace--primarily due to the use of alcohol or other drugs by employees. The EAP model was also developed to provide medical and mental health care for workers who were hesitant to seek professional help through traditional systems of referral.¹⁰

According to Moore and Forster, SAPs initially tried to duplicate the EAP model by placing substance abuse counselors from community agencies in the school.¹¹ In the early 1980's, several school districts attempted to integrate school counseling services with community referral networks. Two of these were in Phoenix, AZ and New Holstein, WI. These early SAPs focused on voluntary student referrals--primarily accepting students from alcoholic homes or students who were concerned with their own chemical use.

⁹Turner, "An Analysis of Selected Characteristics of Employee Assistance Programs at the United Negro College Fund Member Institutions," 60-61, 63.

¹⁰David Moore and Jerald Foster, "Student Assistance Programs: New Approaches for Reducing Adolescent Substance Abuse," Journal of Counseling and Development 71 (January/February 1993): 326-29.

¹¹Ibid.

In the article, "Student Assistance Programs: New Approaches for Reducing Adolescent Substance Abuse", Moore and Forster wrote that schools offering programs during the early 1980's often formed a group of school personnel that was called a "student assistance team".¹² This team processed referrals and helped the participating student get into off-campus treatment programs. The student assistance team also provided on-site support groups to help the students overcome personal problems related to substance abuse. Parental involvement in these programs was usually low, resulting in several limitations. Without much parental involvement, participating students had difficulties finding off-campus resources, getting into them, getting to them, and paying for them. Additional limitations included students not attending on-site support groups due to their parents not encouraging them to do so and parents not serving as positive reinforcement to the student assistance team, thus not emphasizing the team's credibility. In a creative effort, substance abuse specialists from cooperating agencies would help a team of school counselors and other school personnel develop and implement a quasi-treatment program on the school's campus during the school day.¹³

¹²Ibid., 326-29.

¹³Ibid.

During the mid-1980's, SAPs actively solicited more parents into their systems of counseling and referral. Improvements in program practices facilitated the involvement of parents when administrators began to use SAPs as one alternative to discipline. This particular practice encouraged more parents to cooperate with school personnel in the common goal of helping those youngsters who had developed substance abuse patterns. At the same time, school personnel became more proficient in using the EAP model of documenting behaviors and confronting the targeted student. This increase in proficiency allowed greater clarity for involving the parents and for confronting them along with their children when such action was warranted. With greater involvement of the parents, it became easier to develop remedial programs that included school support resources and community therapy agencies. In many cases, this allowed treatment programming to be relocated from the school building to community clinics.¹⁴

In the first decade of SAPs (1978-1987), the basic practices of EAPs had been transferred to the school district. Extensive school support systems had developed to fill the community service gap that existed because there was so little parental involvement. During the last half of this period, there was an increase of intervention processes involving the parents. In the family conferences that were

¹⁴Ibid., 326-29.

held during this period, more resources from the community were recommended and used for treatment. In more and more cases, schools had student assistance teams to put this process into practice. In Minnesota, student assistance teams were legislatively mandated for all schools.¹⁵ Every public school in that state was mandated to have a student assistance team for "addressing reports of chemical abuse problems and making recommendations for appropriate responses to the cases that have been reported". Included in this formative period was the drafting of several explanatory texts and organizational manuals to implement SAPs in local school districts.

Since 1988, there have been several developments suggesting a move to a more advanced level of professionalism in the operation of SAPs. Signs of this movement include more effective program evaluation, improved training of personnel, and more funding to support SAPs. Professional organizations and journals have also been initiated and developed. Some of these are: the Student Assistance Journal, National Association of Leadership for Student Assistance Programs (NALSAP), and Student Assistance Professionals Association of Georgia, Inc. (SAPA).¹⁶

¹⁵Ibid., 326-29.

¹⁶Steven Hicks, "NALSAP Views," Student Assistance Journal 6, no. 2 (September/October 1993): 7.

The research and evaluation literature on SAPs is sparse, but there are signs that it will be increasing.¹⁷ According to the Office of Substance Abuse Prevention (OSAP), a component of the National Institute of Drug Abuse, no acceptable experimental or quasi-experimental outcome research from SAPs was available in 1987. However, OSAP noted that SAPs were one of the nation's most rapidly growing school programs in the area of substance abuse reduction. The writer was convinced that past and present data on the SAP model explains an urgent need for substantive research and accompanying literature on culturally specific, Afrocentric SAP models such as AST SAPEF (Assessing Self-Concept Through Student Assistance, Power, Exploration, and Foundation).

AST SAPEF Components

There are five components in the AST SAPEF model. They are Mental and Physical Health, Spirituality, Self-Esteem, Emotional Health, and Social Relationships. In reference to the mental and physical health component, research has indicated that there are a number of health concerns in the African-American community. Traditionally, African-American children are not taught the importance of

¹⁷Moore and Foster, "Student Assistance Programs: New Approaches for Reducing Adolescent Substance Abuse," 326-29.

health care because it is looked upon as a "luxury".¹⁸ When it comes to health care, African-Americans are frequently underserved whether they live in the inner cities or rural areas of America.¹⁹ At the onset of severe sickness, the inner city African-American child is usually taken to a public health facility or public hospital because a large number of inner city parents do not have health insurance. (Currently, six million African-Americans have no health coverage.)²⁰ The public health facilities and public hospitals are generally overcrowded, often provide treatment rendered by medical interns instead of physicians, and haphazardly render service and treatment because they are servicing citizens (a large number being African-Americans) from lower economic neighborhoods who are welfare recipients without health insurance. Wealthy individuals with good health insurance receive a different type of care--a much higher standard of treatment.²¹ The reason for this is a doctor may not get paid for treating a patient without health insurance but is guaranteed payment when

¹⁸Henry Anderson, IV, M.D., interviewed by author, 4 April 1994, MedFirst Office, Jonesboro, Georgia.

¹⁹Barbara Hopkins, "Men in Medicine," Dollars and Sense 18, no. 5 (September 1992): 77.

²⁰Richard Butcher, "Health-Care Reform: A Call to Action," HealthQuest 1, no. 6 (Fall 1994): 60.

²¹Barbara Hopkins, "Dr. Isaac Martin Thapedi, Neurosurgeon," Dollars and Sense 18, no. 5 (September 1992): 76.

treating a patient with health insurance. These conditions result in poor health care for the African-American child of any age.

Inner city African-American children seldom realize the importance of proper rest, good nutrition, and personal hygiene, especially at the elementary school-age level. For example, the concept of germs and spreading them is not readily comprehended by these children. They may openly cough and sneeze without concern for infecting individuals in close proximity. Furthermore, inner city African-American students are not taught the correlation between a daily, well-balanced diet and regular exercise toward the development of healthy bodies and academic success.²² For example, they have very little understanding of the vital relationship between nutrition and its direct affect on both physical and emotional health. Poor nutrition and rest habits result in unalert, lethargic children with short attention spans.²³ During the elementary school years, the body is in a state of growth and must be nurtured properly so that brain cells and bones will form properly. As a result of proper rest, well-balanced meals, and exercise, the maintenance of healthy blood pressure and cholesterol levels is facilitated; chronic skin conditions may improve;

²²Thonnia Lee, "Fitness Tips for Kids 'N' Play," HealthQuest 1, no. 5 (Summer 1994): 16-19.

²³Henry Anderson, IV, M.D., interviewed by author, 4 April 1994, MedFirst Office, Jonesboro, Georgia.

body becomes cleansed and relieved of different ailments and chronic skin conditions; the alertness and mental processes increase; the body and mind become rested; weight loss becomes a healthy and easy process; healthy feelings begin to take place; a healthy physical appearance begins to evolve; social and family relationships are improved; the spiritual consciousness is awakened; and dead or dying cells are destroyed at an increased rate and replaced with new cells.²⁴ Hence, the aging process is decreased.

An important fact to be considered is that African-American children and Caucasian children differ chemically, biologically, and genetically due to the anatomical, neurological, and physiological race difference.²⁵ Therefore, because treatment needs for African-American children and Caucasian children differ, the major health concerns of the African-American community may not necessarily be the major health concerns in the Caucasian community. For example, in relation to treatment of high blood pressure, calcium channel blockers and diuretics are more effective forms of medication for African-Americans.²⁶ Calcium channel blockers and diuretics dilate the coronary

²⁴Marilyn Johnson-Kondwani, "Fasting--Awakening the Healer Inside," Upscale 5, no. 4 (February 1994): 98-99.

²⁵Sharony Green, "Do You Want to Be Well," HealthQuest 1, no. 2 (Summer 1993): 30, 32.

²⁶Henry Anderson, IV, M.D., interviewed by author, 4 April 1994, MedFirst Office, Jonesboro, Georgia.

arteries, which result in increased blood flow and oxygen. On the other hand, beta blockers and ACE (Angiotensin Converting Enzyme) inhibitors are more effective forms of medication for Caucasians. These inhibitors constrict vessels that do not need blood.

Dr. Henry H. Anderson, IV, specialist in the area of Family Practice, stated that the major health concerns in the African-American community were high rates of hypertension, insulin-dependent diabetes mellitus, high infant mortality, glaucoma, access to affordable health care, sickle cell anemia, adverse reaction to stress, heart attacks, and strokes.²⁷ Dr. Anderson indicated that early preventive education and treatment starting as early as the kindergarten level would help to decrease the likelihood of the diseases occurring at adulthood or in the earlier stages of development.²⁸

In addition to physical factors having a direct effect on health, there are social factors directly affecting it also. A doctor from Chattanooga, Tennessee, Lonnie Roy Boaz, III describes these social factors as preventable health problems consisting of homicide, drugs,

²⁷Hopkins, "Men in Medicine," 77; Stan Washington, "Stress Causes Different Blood Pressure Responses in Blacks and Whites, Men and Women," The Atlanta Voice, 1-7 July 1995, 10 (Health).

²⁸Henry Anderson, IV, M.D., interviewed by author, 4 April 1994, MedFirst Office, Jonesboro, Georgia.

and AIDS.²⁹ For example, 3,600 (85%) of the reported pediatric AIDS cases result from mother-to-child transmissions.³⁰ Hemophilia and emergency blood transfusions are the other causes of pediatric AIDS. Of the total number of pediatric cases of AIDS, 2,311 (54%) are African-American children.

Mental health is the second content area covered in the health component of this model. Due to inner city crime, inner city violence, peer pressure, and strained family relationships African-American children suffer from mental health conditions such as negative stress. For example, 49% of all African-American children are in single parent households, and 47% of all African-American children are living below the poverty line.³¹ These are real problems with real and difficult consequences. According to longitudinal studies of child development, most children encounter some unexpected and potentially handicapping stress before age 12. Often these stresses go undetected, ignored, or untreated in the inner city African-American community.³² Counseling, as a means for treatment, is

²⁹Hopkins, "Men in Medicine," 77.

³⁰Wiley Woodard, "Shelter in the Storm: Mother Hale's Enduring Gift," HealthQuest 1, no. 2 (Summer 1993): 13.

³¹K. Berger, The Developing Person Through the Life Span, 2d ed. (New York: Worth Publishers, Inc., 1988), 291-317, 407.

³²Henry Anderson, IV, M.D., interviewed by author, 4 April 1994, MedFirst Office, Jonesboro, Georgia.

negatively received by many African-American children. Taking their cues from the significant adults in their lives, many of these children view counseling as negative because of the possibility of counselors being insensitive, the experience of stigma and shame, their lack of knowledge of existing mental health services, the experience of geographic or community inaccessibility, and conflicts between the counselee's value system and values underlying contemporary Western therapeutic approaches.³³ Therefore, inner city African-American children are neither encouraged nor taught to seek counseling or other professional help when experiencing mental health problems. This discouragement of seeking assistance may result in behaviors such as suicide, violence, or depression.³⁴

The innovative model designed for this research has adopted eight spiritual principals for the spirituality component. The first principal is affective joining. Joining is an emotional juncture where the counselor develops rapport and trust with the counselee.³⁵ The second principal is directive engaging. Directive engaging

³³Gerald Corey, Theory and Practice of Group Counseling, 3d ed. (Pacific Grove: Brooks/Cole, 1990), 17.

³⁴Mental Health Association of Metropolitan Atlanta, Growing Up With Violence, Family Mental Health Issues Fourth Annual Conference (Atlanta: Mental Health Association of Metropolitan Atlanta, 1994).

³⁵Clarence Walker, Biblical Counseling with African-Americans (Grand Rapids: Zondervan Publishing House, 1992), 71-118.

trains the counselor in ethical counseling practices, techniques, and decisions. These practices, techniques, and decisions are based on professional counseling standards that promote sensitivity and concern for the counselee. Active listening is the third principle. By listening, the counselor can access the counselee's need or needs. Active listening enables the counselor to hear the moods, feelings, and emotions behind the content of what the counselee says and how the counselee says it. Listening communicates empathy, and because many African-American inner city children feel that no one listens, respects, and empathizes with their concerns, listening may prove to be therapy enough.³⁶ The fourth principle is explorative questioning. More information may be obtained by asking questions that involve who, what, where, when, why, and how since African--American counselees tend to self-disclose less. These questions must also be asked in a timely and non-threatening manner. Objective proceeding is the fifth principle. Objective proceeding is the planned objectives upon which the counseling relationship will proceed. The planned objectives allow for a directed and balanced counseling process by the formation of goals agreed upon by both the counselee and the counselor. With this principle, goal setting empowers the counselee by giving them purpose, something to pursue, emphasizing that they do have choices,

³⁶Ibid.

and that they can make their own decisions. The sixth principle is effective counseling. In effective counseling the counselor must be prepared to execute various roles in a sincere manner. These roles include empathizing, supporting, accepting, absolving, assessing, leading, teaching, coaching, reflecting, mirroring, revealing, mediating, modeling, self-disclosing and comforting.³⁷ In the seventh principle the counselor works with the counselee and not for the counselee in an effort to avoid client dependency. Cooperative involving is a mutual agreement between the counselor and counselee in the counseling process. According to Walker, when counselors and counselees are actively involved with each other and use a lot of "we language," the experience is more beneficial for both. The last principle is positive terminating. Here the counselor prepares the counselee to review past performance and progress and assist the counselee in determining further steps needed to ensure continued power, strength, and growth. Near the end of the counseling process the counselee assumes increased responsibility for the counseling session, and a termination date is discussed. An activity such as an evaluative discussion is very appropriate for the final session.³⁸

³⁷Ibid., 71-118.

³⁸Ibid.

Power and the positive directing of that power is a very important concept that must be taught and modeled to African-American children.³⁹ African-American students participate in random acts of crime and violence partly because they strive to prove themselves to be powerful and strong. What these students fail to realize is that strength and respect result from positively directing inner power in productive ways and towards the attainment of productive goals. African-American children also fail to realize that strength and power are not solely physical or material attributes, but that these things are shown through self respect, respect for others, knowledge, education, love, and spirituality.

As it relates to the self-esteem component, self-esteem is thinking well of and respecting oneself. It usually results when an accomplishment of some kind has been made. Kunjufu views self-esteem as an end result affected by a process or catalyst known as self-image.⁴⁰

In 1939, Clark and Clark found that the black children who were participating in their studies exhibited negative and confused racial attitudes.⁴¹ These black children expressed a preference for white dolls and rejected

³⁹Green, "Do You Want to Be Well?" 30, 32.

⁴⁰Kunjufu, Developing Positive Self Images and Discipline in Black Children, 15-17.

⁴¹Ibid., 15-17.

the black dolls, thus leading the Clarks to note that the black child is aware that to be colored in American society results in inferior status. Fortunately, this thinking has changed. For example, Susan Ward and John Braun recently discovered that young African-American children have developed increased self-esteem (as compared with previous findings) and preferred their own race to whites.⁴²

New programs are also being utilized in public schools to enhance students' self-esteem. For example, author Folami M. Prescott reported that over 90 percent of those schools selected as "Distinguished Schools" for their achievement and school climate by the California State Department of Education had programs in place to enhance the self-esteem of both staff and students.⁴³ It is hoped that AST SAPEF may be defined as a new program (in the form of a counseling model) designed to enhance the self-esteem of inner city African-American children.

Kunjufu emphasizes that self-esteem is one of the most vital possessions an individual can have although few individuals consciously develop strategies to improve it.⁴⁴ SETCLAE, Self-Esteem Through Culture Leads to Academic Excellence, is a model curriculum that provides a mechanism

⁴²Ibid.

⁴³Prescott, Self-Esteem Through Culture Leads To Academic Excellence (SETCLAE), 3-185.

⁴⁴Kunjufu, Developing Positive Self Images and Discipline in Black Children, 15-17.

with which educators, youth workers, and parents can teach children the positive aspects of their cultural heritage while simultaneously increasing self-esteem and academic performance. The three major components of SETCLAE are self-esteem, culture, and academic excellence. The SETCLAE model curriculum is authored by Folami M. Prescott. Ms. Prescott is also an administrator of a drug prevention program through Morehouse School of Medicine in Atlanta, Georgia, a curriculum writer, educational consultant, and a SETCLAE trainer.

There is no argument that mutual open and honest communication of feelings is the basis for preventing and resolving problems. The emotional health component works to facilitate the communication of all positive and negative feelings of the counselee and parent. The emotional health component encompasses a major function of counseling--helping individuals to grow. This is accomplished by first encouraging them to communicate their true feelings.

The major source of activities used in the emotional health component is SUPER STARS (Substance Use Prevention Education Resource Self-esteem Through Arts and Recreation Sessions).⁴⁵ Although the program is substance use prevention-oriented, the AST SAPEF model chooses not to

⁴⁵Metropolitan Atlanta Council on Alcohol and Drugs (MACAD), Substance Use Prevention Education Resource Self-Esteem Through Arts and Recreation Sessions (Super Stars) (Atlanta: Metropolitan Atlanta Council on Alcohol and Drugs, 1992).

emphasize that aspect, but rather to concentrate on the art and recreation activities (which are also experimental activities) as a means to produce open and direct communication and dialogue among counselees and parents.

SUPER STARS is an Afrocentric prevention program designed for children of ages 6 to 11 and their parents.⁴⁶ The program content is interactional and fun. It uses a number of activity-oriented approaches such as dancing, story-telling, role-plays, music, action games, coloring books, and puppetry. SUPER STARS is presented by the Metropolitan Atlanta Council on Alcohol and Drugs (MACAD) and the Center for Substance Abuse Prevention (CSAP).

Morals and values direct many of the thoughts and actions of individuals. Many inner-city African-American children are not provided with a system of morals and values and consequently have no regard for, or value of, life itself. Their existence is a day-to-day one of self-centered survival. The inner-city African-American child's value is generally placed on material goods as opposed to productive peer relationships or academic excellence. Violence and gangs readily attract inner-city African-American children more quickly than do peace and school due

⁴⁶Ibid.

to the love, respect, and power given to them once they join.⁴⁷

The social relationships component works to reverse these sad commentaries by assisting the counselee and parent in developing moral qualities, self-control, and integrity in themselves. The component is based on "The Six Pillars of Character" developed by the Character Counts Coalition (30 national organizations) in cooperation with the Josephson Institute of Ethics. It uses them to create activities and themes for the counselee and parent.⁴⁸ Some of these activities include role plays, rap sessions, discussion of the character of various individuals (television personalities, African-American children, pro-athletes, inmates, etc.), and character comparisons (negative character to positive character and the consequences of both types of character). The "Six Pillars of Character" are as follows: Trustworthiness (honesty, integrity, promise-keeping, loyalty); Respect for Others (showing concern, being sensitive, regard, honor); Responsibility (accountability, excellence, self-restraint); Fairness (just, equitable, impartial, objective,

⁴⁷Allison Abner, "Gangsta Girls," Essence, July 1994, 64-66, 116-118.

⁴⁸Character Counts Coalition and Josephson Institute of Ethics, The Six Pillars of Character: Character Counts Coalition (Marina Del Ray: Character Counts Coalition, 1992).

unprejudiced); Caring (concern, attentive, protective); and
Citizenship (law abiding, responsible, dutiful).

Survey Research

Since the research design used in this study was descriptive research, the survey research method will be used. A survey is a collection of questions used to gather data from a group of participants, and is most appropriate for description and prediction.⁴⁹ It describes the characteristics of a population and provides the means by which a researcher obtains data about the participants.⁵⁰ The items contained in surveys are used to measure three different types of data obtained from survey respondents, the participants in a survey research project.⁵¹ These data are facts, opinions, and behaviors. A fact is a phenomena or characteristic available to anyone who knows how to observe it, an opinion is an expression of a respondent's preference, feeling, or behavioral intention, and behavior is an action completed by a respondent.⁵² Survey research is a general label applied to a variety of different research methods that share a common purpose.⁵³

⁴⁹Francis C. Dane, Research Method (Pacific Grove: Brooks/Cole, 1990), 120-21.

⁵⁰Ibid., 123.

⁵¹Ibid., 121.

⁵²Ibid., 121-22.

⁵³Ibid., 120.

Survey research includes methods in which participants are questioned directly.⁵⁴ The questions may be part of an interview schedule or a questionnaire. The purpose of survey research is to obtain self-report data from research participants, mainly in order to accomplish descriptive or predictive goals.⁵⁵ Description is perhaps the most frequent purpose for survey methods.⁵⁶ An example of descriptive survey research is when a professor, who, through a questionnaire called an exam, attempts to assess the relative frequency of information that can be correctly recalled about the subject matter. The use of college entrance examinations to predict first-year grades in college is an example of predictive survey research.

There are two major approaches for collecting survey data: cross-sectional surveys and longitudinal surveys.⁵⁷ A cross-sectional survey collects data from a sample that has been drawn from a predetermined population. Furthermore, the data is collected at just one point in time, although the time it takes to collect all of the data desired may take anywhere from a day to a few weeks or more. A longitudinal survey, on the other hand, collects data at

⁵⁴Ibid., 119.

⁵⁵Ibid., 143.

⁵⁶Ibid., 120.

⁵⁷Jack R. Fraenkel and Norman E. Wallen, How to Design and Evaluate Research in Education, 2d ed. (New York: McGraw-Hill, 1993), 344.

various points in time in order to study changes over time. Trend studies, cohort studies, and panel studies are the three longitudinal designs commonly employed in survey research.

There are four basic ways to conduct surveys: by administering the survey instrument "live" to a group; by mail; by telephone; or through face-to-face interviews.⁵⁸ The direct administration to a group method is used when a researcher has access to all (or most) of the members of a particular group in one place.⁵⁹ Mail surveys involve sending the questionnaire to each individual in the sample by mail, with a request that it be completed and then returned by a given date. In a telephone survey, the researcher (or the researcher's assistants) asks questions of the respondents over the telephone, and in a personal interview, the researcher (or trained assistants) conducts a face-to-face interview with the respondent.⁶⁰

One commonly used method of data collection in survey research is the questionnaire.⁶¹ This method is the questionnaire. A questionnaire is a set of written questions that is self-administered, that is, answered by

⁵⁸Ibid., 346.

⁵⁹Ibid., 347.

⁶⁰Ibid., 347-48.

⁶¹Jeane W. Anastas and Marian L. MacDonald, Research Design for Social Work and the Human Services (New York: Lexington Books, 1994), 366.

the person whom the data are meant to describe,⁶² Questionnaires are most often associated with survey research, and can be administered in person, both to individuals and to groups, or mailed out. A questionnaire is always based on selected, predefined concepts or phenomena of interest to the survey research, and therefore can be used in any form of fixed method research. Examples of fixed method research are descriptive, relational, experimental, and single-subject designs.

The strengths of survey research include: the potential to provide researchers with substantial data obtained from a large sample of individuals;⁶³ and suitability for description, prediction,⁶⁴ and for changing the opinions of a large group of people.⁶⁵ The questionnaire method also offers advantages. Questionnaires can be mailed or given to large numbers of people simultaneously,⁶⁶ and questionnaires are by far the least expensive method for asking questions of large groups of

⁶²Ibid., 367.

⁶³Fraenkel and Wallen, How to Design and Evaluate Research in Education, 10.

⁶⁴Dane, Research Methods, 120.

⁶⁵Ibid., 121.

⁶⁶Fraenkel and Wallen, How to Design and Evaluate Research in Education, 113.

people.⁶⁷ Questionnaires also allow people to answer threatening questions privately on paper rather than to answer questions verbally to an interviewer which is sometimes easier for people. Questionnaires can be visually accessible, incorporating such items as visual aids and materials to illustrate their content and aid in guiding responses.

The weaknesses of survey research include: difficulty in ensuring that the questions to be answered are clear and not misleading;⁶⁸ difficulty in obtaining a sufficient number of the questionnaires completed and returned so that meaningful analyses can be made; lack of suitability for all research topics, especially those that require observation of subjects or the manipulation of variables.⁶⁹ Survey research can be used for exploratory research, but not with any degree of efficiency.⁷⁰ The weaknesses of the questionnaire method are: a self-administered written questionnaire can only be used with people who are literate;⁷¹ complex questions and the complex sequencing of

⁶⁷Anastas and MacDonald, Research Design for Social Work and the Human Services, 369.

⁶⁸Fraenkel and Wallen, How to Design and Evaluate Research in Education, 10.

⁶⁹Ibid., 373.

⁷⁰Dane, Research Methods, 121.

⁷¹Anastas and MacDonald, Research Design for Social Work and the Human Services, 370.

questions create problems in self-administered questionnaires; the amount of data to be gathered may be limited when a researcher uses a mailed or other written questionnaire because people are unlikely to respond to a thick, multipaged document; it is very easy for someone who receives a questionnaire in the mail to disregard it, leave it partially answered, or to fill it out and fail to mail it back; and there is no way to clarify or check on the respondent's understanding of the questions as the data are being provided.⁷²

Good questionnaire construction in survey research is vital. Borg and Gall have suggested guidelines for questionnaire construction.⁷³ These essentials are: ambiguity must be avoided; short items are preferable to long items because short items are easier to understand, therefore questions that are unnecessarily detailed should be avoided; negative items should be avoided as they are misread by many respondents; avoid "double-barreled" items, which require the subject to respond to two separate ideas with a single answer; do not use technical terms, jargon, or "big words" that some respondents may not understand; when a general and a related specific question are to be asked

⁷²Ibid., 371.

⁷³Walter R. Borg and Meredith D. Gall, Educational Research: An Introduction, 5th ed. (White Plains: Longman, 1989), 430-31.

together, it is preferable to ask the general question first; and avoid biased or leading questions.

There are a number of decisions that are essential before writing the questionnaire items. Such decisions include defining the content, framing the questions, shaping responses, ordering the questions, presenting the questionnaire, pilot testing the questionnaire, and managing a mailing.⁷⁴ In the defining the content, the initial definition used in developing questions about the phenomena of interest in a study should be a conceptual one which gives the abstract idea of each phenomenon to be measured.⁷⁵ Once the concepts under study have been carefully defined, the next step is to frame the questions that will represent it empirically.⁷⁶ Each question on a questionnaire must be crafted carefully in order to represent concepts clearly and to make answering the question accurately as easy as possible. Shaping responses is concerned with response categories, and is a factor in how questions are answered.⁷⁷ Most often questions on questionnaires have structured, prespecified response categories. The order in which questions are presented on a

⁷⁴Anastas and MacDonald, Research Design for Social Work and the Human Services, 373-86.

⁷⁵Ibid., 373.

⁷⁶Ibid., 375.

⁷⁷Ibid., 377.

questionnaire also has a great deal to do with how easily and accurately questions can be answered.⁷⁸ For example, encountering a few questions that are easy and interesting to answer at the beginning will encourage a respondent to begin and then to complete the questionnaire. In presenting the questions, it is necessary to present the content of the questionnaire visually in a way that is inviting and efficient after it has been developed.⁷⁹ Pilot testing is executed before a questionnaire is mailed out.⁸⁰ Pilot testing a questionnaire is equivalent to giving it an extensive trial use. Managing a mailing is concerned with the mailing of a questionnaire having as its goal achieving as high a return as possible.⁸¹

Another decision regarding questionnaire construction relates to its question-response format. The various question-response formats in the questionnaire include open-ended, multiple-choice, Likert-type rating scale, semantic differential rating scale, and ranking scales.⁸² Open-ended responses are used in cognitive or attitudinal questions, and are known as "write-in answer" response

⁷⁸Ibid., 382.

⁷⁹Ibid., 383.

⁸⁰Ibid., 385.

⁸¹Ibid., 386.

⁸²Edward S. Balian, How to Design, Analyze, and Write Doctoral or Master's Research, 2d ed. (Lanham: University Press of America, 1988), 142-143.

approaches. Multiple-choice responses quantify data at the time it is collected.⁸³ Likert-type rating scales generally have five to seven response choices in degrees of progressive feelings.⁸⁴ Semantic differential rating scales use word opposites at each end of a linear scale to assess attitude.⁸⁵ Ranking scales ask respondents to place into order items from highest to lowest priority.⁸⁶

Three methods that can be used to improve reliability of a measurement device include test-retest, equivalent-forms, and internal-consistency. The test-retest method involves administering the same test twice to the same group after a certain time interval has elapsed. Two different but equivalent forms of an instrument are administered to the same group of individuals during the same time period when the equivalent-forms method is used. Internal-consistency methods require a single administration of an instrument. Examples of internal-consistency methods are the split-half procedure, Kuder-Richardson approaches, and alpha coefficient.⁸⁷

⁸³Borg and Gall, Educational Research: An Introduction, 418.

⁸⁴Balian, How to Design, Analyze, and Write Doctoral or Master's Research, 145.

⁸⁵Ibid., 149.

⁸⁶Fraenkel and Wallen, How to Design and Evaluate Research in Education, 147-148.

⁸⁷Ibid., 148-149.

Three main types of validity in survey questionnaires are content, criterion-related, and construct validity.⁸⁸ Content validity, also known as face validity, refers to the content and format of the instrument. Criterion-related validity refers to the relationship between scores obtained using the instrument and scores obtained using one or more other instruments or measures. Construct validity refers to the nature of the psychological construct or characteristic being measured by the instrument.

The subjects used in the study were obtained using a random sample. Random sampling was chosen based on "Choosing The Optimal Sampling Technique"⁸⁹ (see Appendix A). Twenty fifth grade students were identified by the researcher. With the permission of the two fifth grade teachers, the researcher selected ten students from one classroom roster and ten students from the other classroom roster "by chance". These students represented the fifth grade students in an African-American elementary school in the Atlanta Public School System. All participants were from regular classrooms; none received special educational services. The twenty African-American subjects were placed in the support group. The only criterion used was that the students were presently enrolled in the classes.

⁸⁸Ibid., 140.

⁸⁹Edward S. Balian, How To Design, Analyze, and Write Doctoral or Master's Research, 2d ed. (Lanham, University Press of America, Inc., 1988), 175.

The method of data collection used in this study was the questionnaire. In a questionnaire, the subjects respond to the questions by writing, or more commonly, marking an answer sheet.⁹⁰ Selection-type items on questionnaires include multiple-choice, true-false, matching, or interpretive-exercise questions.⁹¹ Questionnaires are relatively accurate, low in cost, and traditionally accepted, particularly in classroom or office environment research.⁹² Very commonly, data is collected by the researcher, classroom teacher, or other professional within a group setting.⁹³ If data are collected by the researcher, caution must be exercised to ensure that biases do not result.⁹⁴ If the data are collected by "outside others" or field workers, the researcher's own potential bias is exchanged for another's.⁹⁵ The researcher must take extra measures to protect the quality of the data collection by making certain that the instructions and time lines regarding the project are implemented exactly as

⁹⁰Jack R. Fraenkal and Norman E. Wallen, How to Design and Evaluate Research in Education, 2d ed. (New York: McGraw-Hill, Inc., 1993), 112-113.

⁹¹Ibid., 113.

⁹²Balian, How To Design, Analyze, and Write Doctoral or Master's Research, 179.

⁹³Ibid., 179.

⁹⁴Ibid., 179.

⁹⁵Ibid., 179.

desired.⁹⁶ The researcher chose this particular method for use based on the approval from their major advisor, and the section "Selecting the Optimal Human Subject Data Collection Method" in chapter six of the book "How to Design, Analyze, and Write Doctoral or Master's Research."⁹⁷ This section contains a table which presents each major data collection method vertically, and various selection criteria listed horizontally.⁹⁸

The researcher determined the sample size based on examples from the books "How to Design, Analyze, and Write Doctoral or Master's Research"⁹⁹ and "Statistics For Management."¹⁰⁰ The sample was randomly selected by using random numbers from the "Table of Random Numbers."¹⁰¹ This table can be found in Appendix B.

The data in this study was continuous in nature, and the ordinal level of measurement was used. In addition, parametric techniques were used in this study. These techniques included the t-test for correlated means and

⁹⁶Ibid., 179.

⁹⁷Ibid., 183-84.

⁹⁸Ibid., 183.

⁹⁹Ibid.

¹⁰⁰Richard I. Levin, Statistics for Management, 3d ed. (Englewood Cliffs: Prentice-Hall, Inc., 1984).

¹⁰¹Jack R. Fraenkel and Norman E. Wallen, How to Design and Evaluate Research in Education, 2d ed. (New York: McGraw-Hill, Inc., 1993).

analysis of variance (ANOVA). A .05 level of significance was used in this study.

T-tests, analysis of variance, frequency distributions and measures of central tendency may be used to analyze data generated by survey research. The t-test for correlated means is used to compare the mean scores of the same group before and after a treatment of some sort is given to see if any observed gain is significant or when the same subjects receive two different treatments in the study.¹⁰² The analysis of variance will enable the researcher to test for the significant differences between more than two sample means.¹⁰³ It is a more general form of the t-test. The t-test formula is

$$t = \frac{\overline{X_1} - \overline{X_2}}{S_D}$$

and $df = N - 1$ pairs of scores.¹⁰⁴ There are various formulas to be used when calculating the analysis of variance. The between-column and within column variances must be calculated so that these estimates can be compared using the F ratio formula.

¹⁰²Ibid., 200.

¹⁰³Ibid., 200.

¹⁰⁴Freeman F. Elzey, Introductory Statistics: A Microcomputer Approach (Belmont: Brooks/Cole Publishing Company, 1987), 125.

The between-column variance estimate formula is

$$\hat{\sigma}^2 = \frac{\sum n_j (\bar{x}_j - \bar{\bar{x}})^2}{k - 1},$$

and the within-column variance estimate formula is¹⁰⁵

$$\hat{\sigma}^2 = \sum \left(\frac{n_j - 1}{n_T - k} \right) s_j^2.$$

The F ratio formula is¹⁰⁶

$$F = \frac{\text{Between-column variance}}{\text{Within-column variance}}.$$

A frequency distribution is a tabular method which displays all scores received by a group of individuals. The mode, median, and mean are the three measures of central tendency. The mode is the most frequent appearing score in the distribution, and the median is the midpoint of the distribution. The mean is the average of all the scores in the distribution. The formula for computing the mean is

$$\bar{x} = \frac{\sum x}{n},$$

¹⁰⁵Levin, Statistics for Management, 453-454.

¹⁰⁶Ibid., 455.

and the median formula is¹⁰⁷

Median = the $\left(\frac{n+1}{2}\right)$ th item in a data array.

¹⁰⁷Ibid., 63, 78.

CHAPTER THREE

METHODOLOGY

In this study survey techniques were used. Each counselee was issued the instrument. The study period commenced October 18, 1995 and terminated December 13, 1995.

Site and Setting

The Atlanta Public School System is a predominately African-American school system with an enrollment of approximately 64,829 students.¹ Located in Atlanta Georgia, the system is comprised of 85 elementary schools, 15 middle schools, and 13 high schools. There is one superintendent and nine board of education members. The superintendent has an administrative cabinet consisting of eleven individuals.²

Hope Elementary School, located in northeast Atlanta, was selected as the site for the study. The school was selected because the writer's familiarity with the school's personnel and students promoted a sense of cooperation. This school is considered to be one of the poorer schools in the Atlanta Public School System based on the family income. Hope Elementary School had an exclusively African American faculty, staff, and administration and student body.

¹Atlanta Public Schools, Statistical Report-School Year 1991-92 (Atlanta: Atlanta Public Schools, 1992).

²Ibid.

The setting for this study consisted of designated classroom spaces that were unoccupied. The classrooms were chosen based on availability.

Population and Sample

The students were randomly selected from the two fifth grade classes at Hope Elementary School two weeks prior to the first scheduled support group. The population and sample consisted of all Atlanta Public School (APS) Student Assistance Program (SAP) counselees at the referenced elementary school who completed the Piers-Harris Children's Self-Concept Scale. Eleven females and nine males were selected. The students were ten to eleven years of age.

The Conceptual Model

Assessing Self-Concept Through Student Assistance, Power, Exploration, and Foundation (AST SAPEF) is a support system for the present school counseling and guidance program. It provides the student and the student's caretaker or family with a solid foundation of physical and mental health, spirituality, self-esteem, emotional health, and social relationships. This foundation may be accomplished through way of the exploration and knowledge of the problems deteriorating inner city African-Americans, the symptoms of these problems, various types of feelings and the reasons for those feelings, inner abilities, inner

strength and power, decision making skills, and African and African-American history. The inclusion of African and African-American history in the model is pertinent because it helps to heighten self-esteem so that children can be proud and motivated when educated about the many positive accomplishments that have taken place within peoples of the African-American race.³ AST SAPEF will establish the foundation by teaching the counselees coping and socialization skills, morals, and values. In turn, the counselee explores and builds upon the foundation by using the learned skills, morals, and values to solve problems and make good decisions.

The AST SAPEF model is a comprehensive, culturally specific, Afrocentric model designed to counsel students in grades one through five. The primary goal of this model is to counsel and educate African-American children during their early years before problems arise and are manifested. The model incorporates five components. These components include: Mental and Physical Health, Spirituality, Self-Esteem, Emotional Health, and Social Relationships. The five components are intended to counsel and educate counselees and their parents.

Although the model is tailored for the inner city African-American child, it is applicable to any student

³Joye Mercer, "Black to School: There are Alternatives," HealthQuest 1, no. 6 (Fall 1994): 50-55.

population and is not intended to be a discriminatory approach to counseling. This model strives to aide the counselees in realizing their inner power and strength and using them to make positive changes in their thoughts, behavior, academic performance, health, relationships, and lives.

The AST SAPEF model employs two sets of equally important counseling staff members. The counselors who counsel and educate students and community are referred to as AST SAPEF counselors. The counselors who counsel and educate parents and community are referred to as Parent Assistance Through Power, Exploration, and Foundation (PATPEF) counselors. AST SAPEF has adopted the position that the functioning, concerns, and problems of African-American children are best understood when viewed as the product of an interaction between African-American children and their various ecological niches, such as school and home.⁴ When a child is counseled and returns to the negative home environment and community from which he or she came, the counseling process sometimes becomes ineffective. By counseling and educating the student's parents regarding the student's concerns and problems, the parents may often better comprehend their role in their child's concerns and

⁴LaRue Allen and Shay da Majid-Ahi, "Black American Children," in Children of Color Psychological Interventions with Minority Youth, eds. Jewell T. Gibbs, Larke N. Huang and Associates (San Francisco: Jossey-Bass, Inc., 1989), 148-78.

problems and learn how they can assist in the improvement of these concerns. As a result, the counseling process becomes strengthened and more effective due to this parental involvement. Also, many times parental support and cooperation is increased when parents are a part of their child's counseling process and education, and the child himself is motivated and excited about positive growth due to the concern and active presence of the parent in his counseling experience.

In the AST SAPEF model, male and female counselors voluntarily pair to form counseling teams. After this pairing of the male and female counselors (AST SAPEF and PATPEF), the AST SAPEF and PATPEF counseling teams pair.

The AST SAPEF model encourages co-facilitation in both individual and group counseling, so that when one counselor may lack insight, responses, questions, and active listening, the other counselor can contribute. In addition, male and female counselors serve as role models and address counselee concerns with which for counselors counseling those of the opposite sex are uncomfortable. Male bonding is an example of that which can best be modeled by a male counselor, and this is also true with female counselors where female bonding is concerned. For these reasons, it is essential to have equal representation of males and females on the AST SAPEF counseling staff. AST SAPEF and PATPEF counselors are state certified in school counseling and have

a minimum of a master's degree in counseling assuring satisfaction of the state and school system's requirements, proper training, and an adequate education.

Each AST SAPEF counseling team is assigned to two schools. Each PATPEF counseling team is assigned to a AST SAPEF counseling team. The AST SAPEF counseling team may accept written (for documentation purposes) student referrals from the school counselor, student support team, teacher, principal or the students themselves. Students whose relationships, socialization success, academic process (or a combination of these) is negatively affected or threatened by some circumstances or influence are counseled. Some examples of these circumstances or influences are homelessness, drug trafficking, disruptive behavior or lack of socialization skills, unstable home lives, grief and loss, alcohol or other drugs, low self concept, peer pressure, a need to talk to or vent feelings to an individual who will listen, remain neutral, and non-judgmental, and low academic achievement.

Development of Counseling Action Plan

Two weeks before the first counseling session with the new counselee, the AST SAPEF and PATPEF counseling teams have a staffing in order to develop a Counseling Action Plan (CAP). The CAP consists of counselee demographics (such as age, grade, and address), start and termination dates of the counseling sessions and home visits, a listing of activities

that will be undertaken with the counselee and parents, plans for follow-up activities when applicable, and referrals to outside resources when applicable. Once completed, the Counseling Action Plans (CAPS) are confidential. The AST SAPEF and PATPEF counselors are stationed in the schools, and the PATPEF counseling teams are assigned to specific counselees' homes. The AST SAPEF counselors conduct individual counseling sessions, support groups, and classroom mini-assemblies. The PATPEF counseling team is responsible for conducting parent support groups at the school using the same themes being used in the AST SAPEF support groups and holding two monthly meetings with the parents of the counselee at the residence. The counselee and parent should be involved in the counseling process simultaneously. If time and parents permit, AST SAPEF and PATPEF counselors may make additional home visits.

The purpose of the PATPEF counseling team parent meetings is to discuss and offer outside resources for parent needs which will help in the improvement of their lives and the life of his/her child. These meetings are held for parents of counselees involved in the individual and group counseling processes. Some examples of parent needs may include information on health care for self and child, social security benefit information, and ongoing counseling for his/her child. A second monthly parent meeting is held by the AST SAPEF and PATPEF counseling teams

with the parent and the counselee. This meeting is known as a collaborative front where all parties (AST SAPEF and PATPEF counseling teams, counselees, and parents) can peacefully vent and address feelings, evaluate the counseling process and their AST SAPEF and PATPEF counseling teams, address additional needs of the child and parent as well as any other questions or concerns. Some examples of issues that may be vented during the collaborative front are counselees confronting parents about hurt feelings or past injustices in reference to chores and parents confronting children about not completing chores or homework. For the purposes of this study intervention was executed with fifth grade students only.

Since paperwork can be overly time-consuming and is often redundant, paperwork is intentionally limited in the AST SAPEF model. The only other documentation required other than the CAP is a group counseling roster or attendance sheet, brief summary of the group counseling activity for that day, and any vital notes that the AST SAPEF and PATPEF counselors wish to write.

A counselor's tasks of listening to individual concerns and assisting individual needs on a daily basis can become stressful, overwhelming and can cause burnout. To assist in the prevention of burnout, the AST SAPEF model employs two counselors who counsel and serve AST SAPEF and PATPEF counselors. They are known as AST SAPEF staff

counselors. This arrangement facilitates a more egalitarian relationship among the staff rather than employing a supervisor who is on an evaluative level. The two AST SAPEF staff counselors rotate from school to school accommodating and addressing the needs and questions of the AST SAPEF and PATPEF school personnel. Each counselor is equipped with a pager so that he or she may be contacted by the office manager or others when emergencies or other concerns arise. All counselors are given the opportunity to rotate counseling assignments, titles, and roles in order to prevent burnout and monotony. Role rotation must be executed eight weeks at a time so that counseling sessions will not be interrupted.

The AST SAPEF staff counselors are also responsible for completing a bimonthly AST SAPEF report. This report is a tabulation of all counselees and parents serviced by both AST SAPEF and PATPEF counselors over a specific time frame and lists the type of counseling service rendered (individual or group) with the name of the counseling activity. All counselors participate in developing an annual Activity Plan (AP). If the majority of the counselors decide to use the AP from the previous year, they can do so as long as it is effective and applicable to the needs of the population being served. The AP lists goals, objectives, and theme-based activities that can be used for both group and individual counseling (of counselees and

parents). The counselors may use the AP as it is written, practice creativity while using the plan, or choose not to use it at all. The APs are comparable to teachers' lesson plans in that they contain activities to be used with counselees, materials needed for the activities, and the days on which specific activities will be executed, just as the teachers' lesson plans do.

There is an office manager of the AST SAPEF staff. The AST SAPEF staff counselors submit the AST SAPEF report to the office manager. The AST SAPEF office manager processes the report and submits it to the director of Pupil Personnel Services. The AP is also submitted to the director of Pupil Personnel Services for approval after being processed by the office manager. The AST SAPEF staff counselors and office manager are stationed in the AST SAPEF office. The AST SAPEF office contains counseling materials, counseling activities, audio visual equipment, literature, office supplies, and forms. Although the AST SAPEF and PATPEF counselors are stationed in the schools, they have work areas in the AST SAPEF office.

Tuesday afternoons are reserved for mandatory staff meetings. The meetings are held once every two weeks, and the entire AST SAPEF staff attends. The office manager records and prepares the minutes and issues them to the staff the following week. All pieces of correspondence and information are stamped with a date, copied, and issued to

the appropriate counselor and filed where applicable.

Emergency staff meetings may be called periodically for the following reasons: to plan for a counselee crisis situation, to receive pertinent information regarding counselees or educational leave, or to address a request from the director of Pupil Personnel Services.

Training is ongoing in the AST SAPEF model. In order to be knowledgeable and educated on the latest therapies, diseases, treatments, counseling activities and materials, and other pertinent issues, each counselor on staff must attend a minimum of six training sessions. These training sessions can take the forms of workshops, in-service programs, staff development courses, seminars and mini-courses. Attendance is required at two training sessions at the beginning, middle, and end of the school year, assuring that counselors participate in six training sessions.

The AST SAPEF model utilizes two methods of counseling--experimental and open direct communication. With each method, the AST SAPEF and PATPEF counselors use specific skill-oriented approaches to carry out the two methods of counseling. These eight approaches are explained in the spirituality component (beginning on page thirty-three).

The experimental method is application-based. The counselees and parents are taught to use the concepts and skills learned from the application experiences (hands-on

experiences) and apply them to their own behaviors and daily living.

The open direct communication method uses a two-fold approach. First, the method is used to gain information from the counselee and parent regarding their feelings, problems, concerns, circumstances, and interests through verbal communication, rap sessions, interest surveys, or needs assessments. Through way of verbal communication, rap sessions, written activities, and application-based activities, the second method assists the counselee and parent in realizing that peaceful verbal expression of honest feelings is necessary to resolve problems and establish and maintain respect, peace and understanding among parents, other relatives, spouses, school faculty and staff, and peers.

AST SAPEF believes that parents are the primary counselors and educators of their children. The school and communities support and compliment the parent's role in the partnership endeavor.

AST SAPEF provides a non-judgmental atmosphere for children in grades 1-5 where the individual is valued and the community is respected and involved in the helping process. The uniqueness and gifts of each child are recognized, and the African-American counselee is encouraged to be of service to the larger African-American community.

AST SAPEF meets the needs of the whole African-American child by promoting and encouraging self-esteem, health, spirituality, and emotional and social growth and development of each child while also fostering a positive self-concept. The two methods of counseling used stress goals for living and encourage the practice of those behaviors that will lead to successful problem solving skills.

AST SAPEF uses positive individual and group experiences to give counselees and parents a better self understanding in order to have successful relationships. AST SAPEF operates on the premise that indoor and outdoor activities help to increase individual and group learning and participation. The goals of the AST SAPEF model are as follows: to provide a secure and affirming atmosphere which reinforces positive rather than negative qualities and being constructive rather than critical; to strengthen the parent-counselee relationship through the organization of home, school, and the AST SAPEF counseling model; to stimulate questioning and the natural creativity of all counselees in thought and expression; to utilize counseling methods that are varied and are an outgrowth of sound counseling theory, realism, logic, sensitivity, openness, flexibility, events and issues in the African-American community, African and African American history, and African-American lifestyles; to promote awareness of, and

respect for, the African-American culture as well as other cultures; to provide positive African-American role models who will help encourage and strengthen leadership qualities in the counselees; to develop risk taking, decision making and problem solving skills; to establish positive patterns of individual and group goal setting; to develop and enhance communication and conflict resolution skills; to develop individual and group cohesiveness; to assist in the development and implementation of new behaviors and coping mechanisms; to expose counselees and parents to relationship building and maintenance; to increase self-confidence and self-esteem; to give counselees and parents hands-on involvement; and to encourage counselees and parents to use their available resources of themselves and others.

The objectives of this model are: to celebrate the gifts and occasions of life in thought, affirmations, African and African-American history, and service in order to foster mental and physical health, spirituality, self-esteem, emotional health, social relationships, and renew living, to help counselees achieve their fullest potential by providing a well-developed and complete AP in the five component areas; to promote a non-violent environment in which counselees are encouraged to practice methods of conflict resolution and recognize peaceful ways of dealing with one another; to offer service projects that will enable counselees and parents to recognize their responsibilities

for caring for the African-American community; to use African and African-American history and accomplishments as motivations to endure, achieve, practice peace, and excel; to present positive experimental learning opportunities; to engage in meaningful activity; to evaluate and reflect about the counseling experience; and to apply what is learned to daily practice. The five components are explained in detail below.

1. Mental and Physical Health Component

The health component in this research endeavor addresses the major health concerns confronting the inner city African-American child and community through individual counseling, group counseling, mental and physical health education, mini-assemblies, presentations by health educators, parent workshops, field trips, and preventive techniques. The goals of the health component are to: educate counselees and parents about health and health care; provide resources for treatment, physical health, and mental health; provide health-based individual counseling and health based populations group counseling; assist in the alteration of lifestyles in order to promote healthier bodies and minds; and provide parent workshops on health care issues and topics.

An example of a support group or classroom activity is a field trip to a local health club. Two bodybuilders, a male and female, lead an interactive discussion on the

importance of maintaining healthy minds and bodies. The bodybuilders will specifically discuss good nutrition, fun exercises, and stress in children. Following the discussion, the students tour the facility, briefly exercise with the bodybuilders, and end the field trip with a nutritious lunch back at school. This lunch should be planned by the students based on the basic food groups a week before the field trip, with the parents preparing the food and coordinating the lunch.

2. Spirituality Component

The second component of the AST SAPEF model is that of spirituality. The spirituality component serves to give the entire model a mode of carrying out counseling skills and conducting counseling sessions. Each counselor is expected to conduct individual counseling sessions and support groups based on Walker's ten spiritual principals of the counseling process.⁵

The spirituality component addresses power and strength via the experimental approach and affirmations. The purpose of the spirituality component is to: assist the counselee in finding purpose in life; facilitate the establishment of goals by the counselee; facilitate the achievement of the established goals; assist the counselee in orienting himself or herself with society; and foster an

⁵Walker, Biblical Counseling with African-Americans, 71-118.

environment of trust and respect. Each affirmation consists of a call back and response, and the use of symbols or a ritual. The purpose of these three characteristics is to give meaning and concreteness to life, inner power, and inner strength through repeated participation and verbal communication.

A suggested support group or classroom activity is the "Affirmation Wheel."⁶ The students' parents will need to be present for this activity. Ask the students to sit or stand in a circle. Ask the parents to stand behind the students. Tell the parents to first give themselves the messages they wanted to hear when they were young. Now tell them they are going to give their message to each student as they move around the circle. Ask each parent to whisper the message in each student's ear in turn, using the student's name when possible, and a warm touch. When the parents have finished, ask participants what this exercise felt like. What did they learn? Now it is the parent's turn to sit in the inner circle. Ask the students to think of a message they would like to hear, or one they would like to give to adults. Continue in the same manner as before. Have a group discussion about the experience.

⁶Children Are People, Inc., Children Are People Support Group Manual and Support Group Kit (Deerfield Beach: Children Are People, Inc., 1985).

3. Self-Esteem Component

The third component of the AST SAPEF model is that of self-esteem. AST SAPEF encompasses the belief that the self-esteem of the inner city African-American child increases when: he/she has positive peer and adult role models and images by which he/she patterns him/her-self and whom he/she admires; feels empowered as it relates to uniqueness and inner strength (this concept is discussed in the spirituality component); and feels connected to a strong support system such as culture and heritage, family, and friends.

The AST SAPEF model emphasizes the fact that self-esteem is a vital trait and assists inner city African-American children in developing strategies and providing activities to help improve their self-esteem.⁷ AST SAPEF accomplishes this assistance through the implementation and utilization of Self-Esteem Through Culture Leads to Academic Excellence (SETCLAE).

The goals of the self-esteem component are to: educate counselees and parents about self-esteem; assist counselees and parents in developing strategies and providing activities to help improve their self-esteem; effectively implement and utilize the SETCLAE model

⁷Kunjufu, Developing Positive Self Images and Discipline in Black Children, 15-17.

curriculum; and never allow an opportunity for failure as it relates to the counselee and parent.

An example of a support group or classroom activity is "I Am Special."^a Give each student a paper plate and ask them to write "I am special" on it. Then give each student a piece of yarn long enough to attach through two holes in the plate and put on over their heads. The students then hang the plates on their backs and go around having the other students write something special about that student whose plate they are writing on. No one can read their own plate until they have gotten everyone to write on it, or until the leader decides that time is up. Gather the students together and see what their reactions are to the special qualities others found in them. Were they surprised? Did they agree?

4. Emotional Health Component

The fourth component of the AST SAPEF model is emotional health. The AST SAPEF model acknowledges the fact that children and adults share their feelings in different ways, depending on such factors as their emotional mood, timing, the environment, trust, and the promise of confidentiality. Therefore, the model offers various activities which encourage and facilitate open and direct

^aChildren Are People, Inc., Children Are People Support Group Manual and Support Group Kit (Deerfield Beach: Children Are People, Inc., 1985).

communication or communication following an experimental activity.

The goals of the emotional health component are to educate counselees and parents about the importance of openly communicating feelings and to provide fun, nontraditional activities in an effort to facilitate the communication of feelings in reference to the counselee and parent.

An example of a support group or classroom activity is "Stuffing Our Feelings." The leader puts a paper bag over their head with a smiling face drawn on it. Under the bag, the leader is wearing a frown. Have the students guess what the leader is feeling. Then show them what the leader is really feeling. Suggest that the leader did not want them to know what they were feeling so they wore a defense. Ask them if they can define "defense." Ask if they have ever "defended a feeling that they have had by putting another on in front of it or by pushing the feeling away. Have they ever had their feelings hurt and pretended that they did not? Can they think of any examples where they have pretended that they did not care about something when they really did? Explain that defenses are walls that individuals build to hide their feelings. They are neither good nor bad. Then ask the students to draw their favorite

*Children Are People, Inc., Children Are People Support Group Manual and Support Group Kit (Deerfield Beach: Children Are People, Inc., 1985).

defense on a paper bag. Give suggestions such as eating, sleeping, acting crazy, and being silent. Issue slips of paper with feelings words written on them. Have each student put one into the bag. Going around the circle, allow everyone to read their feeling word and tell about a time when they felt that way but used the defense pictured on their bag.

5. Social Relationships Component

The fifth component of the AST SAPEF model is social relationships. The goals of the social relationships component are to: assist counselees and parents in developing, establishing, and maintaining positive character; assist counselees and parents in establishing and living by morals and values daily; to equip counselees and parents with skills for establishing relationships that are grounded in morals, values, and character; and to provide values education and clarification to counselees and parents.

Instruments are helpful in measuring the validity of a model. The AST SAPEF model utilized the Piers-Harris Children's Self-Concept Scale for this purpose.

An example of a support group or classroom activity is the "Trust Walk."¹⁰ The leader explains risks and

¹⁰Children Are People, Inc., Children Are People Support Group Manual and Support Group Kit (Deerfield Beach: Children Are People, Inc., 1985).

choices, and the fact that in order to grow, everyday individuals must take risks and make choices. Each student picks a partner. One student in each pair is blindfolded. The other student leads the one blindfolded around the room by the hand. Switch roles. Discuss how it feels to trust.

Instrument Description

Self-concept was measured in this study. The researcher chose self-concept because it is most critical in an educational environment,¹¹ and one of the most important possessions an African-American child can have.¹²

The Piers-Harris Children's Self-Concept Scale, a questionnaire, was used to evaluate the program. The researcher chose this instrument because of its simplistic content, reliability, and validity as described in the manual (see Appendix F).¹³

The Scale subtitled "The Way I Feel About Myself," is an 80-item self-report measure designed to aid in the assessment of self-concept in children and adolescents.¹⁴ Self-concept, as assessed by this instrument, is defined as a relatively stable set of self-attitudes reflecting both a

¹¹Kunjufu, Developing Positive Self Images and Discipline in Black Children, x, 17.

¹²Ibid.

¹³Ellen V. Piers, Piers-Harris Children's Self-Concept Scale Revised Manual (Los Angeles: Western Psychological Services, 1993), 53-67.

¹⁴Ibid., 1.

description and an evaluation of one's own behavior and attributes.¹⁵ Items on the scale are scored in either a positive or negative direction to reflect this self-evaluative dimension. A high score on the scale suggests a positive self-evaluation, whereas a low score suggests a negative self-evaluation. The Piers-Harris focuses on children's conscious self-perceptions, rather than attempting to infer how they feel about themselves from their behaviors or the attributions of others. Thus, this definition is consistent with what is referred to as a phenomenological view of "self-concept" and, is interchangeable with the terms self-esteem and self-regard.

Items on the Piers-Harris Children's Self-Concept Scale are scored so that the higher the raw score, the more positive the child's assessed self-concept. The scale is scored by placing the Scoring Key over each page of the booklet with the "yes" and "no" answer columns being lined up with the Scoring Key prior to scoring.¹⁶

The scale may be administered either individually or in groups. Children are shown a number of statements that tell how some people feel about themselves, and are asked to indicate whether each statement applies to them using dichotomous "yes" or "no" responses. Three methods of

¹⁵Ibid., 1.

¹⁶Piers, Piers-Harris Children's Self-Concept Scale Revised Manual, 8.

administration are available: (a) a 4-page booklet in which the child circles his or her response to each item, (b) a scannable Answer Sheet which is sent to WPS Test Report for computer processing, and (c) a microcomputer diskette for online administration or entry of raw scale scores or item responses. The 4-page booklet was used in this study.

The responses are then either hand or computer scored to evaluate both general and specific dimensions of self-concept. An overall assessment of self-concept is reflected in three summary scores: a total raw score, a percentile score, and an overall stanine score. Conversions to normalized t-scores are also provided. These global scores are easily and quickly calculated.

Estimates of the content, criterion-related, and construct validity of the Piers-Harris have been obtained from a number of empirical studies.¹⁷ These studies have used a variety of approaches including item analysis, intercorrelations among the scales and items, and comparisons of the responses of various criterion groups. Finally, the Piers-Harris has been compared to other scales designed to measure similar constructs.

An attempt was made at the outset to build content validity into the scale by defining the universe to be measured as the areas in which children reported qualities that they liked or disliked about themselves. Items were

¹⁷Ibid., 57.

written to cover all these areas, but during the item analyses, items with low discriminatory power were dropped. Thus, the final scale no longer covers every area to the same degree. The factor analysis indicates that factors from the retained items cut across some of the original categories but emphasize two areas (i.e., "Just Me, Myself" and "Personality, Character, Inner Resources, Emotional Tendencies"). These presumably are a better reflection of a child's general self-concept than narrower categories such as "Enjoyment of Recreation" or "Special Talents."

An original pool of items was developed by Jersild who asked children what they liked and disliked about themselves.¹⁸ These statements were then grouped into the following categories: (a) physical characteristics and appearance; (b) clothing and grooming; (c) health and physical well-being; (d) home and family; (e) enjoyment of recreation; (f) ability in sports and play; (g) academic performance and attitudes toward school; (h) intellectual abilities; (i) special talents (music, arts); (j) "Just Me, Myself"; and (k) personality characteristics, inner resources, and emotional tendencies.

An initial item pool, consisting of 164 items, was written to reflect these various aspects of children's self-concept. The items were written as simple declarative statements (e.g., "I am a happy person"). To reduce the

¹⁸Ibid., 44.

effects of possible response biases, approximately half the items were negatively worded (e.g., "I behave badly at home") and half were worded in the direction of positive self-concept (e.g., "I have many friends"). Double negatives and ambiguously worded items were avoided, as were items with qualifiers such as "many," "often," or "rarely" which are subject to different interpretations. Finally, the extent to which children are influenced in their responses by a need to respond in a conventional or socially desirable fashion was assessed by including 12 "lie" scale items. These items were designed to measure the extent to which children would admit relatively common weaknesses (e.g., "I am always good" or "Sometimes I act silly"). However, these lie statement items were later dropped when it appeared that they did not contribute significantly to the validity of the scale.

This preliminary pool of items was then administered to a sample of 90 children from grades 3, 4, and 5. To minimize errors due to differences in reading difficulty, the items were read aloud by the examiners while the children followed along in their test booklets. This pilot study established that the children understood the items, and that the inventory could be completed in approximately 30 to 35 minutes.

The Piers-Harris appears to be a highly reliable instrument.¹⁹ Test-retest reliability coefficients range from .42 to .96 and internal consistency estimates for the total score range from .88 to .93. The reliability figures compare favorably with other measures used to assess personality traits in children and adolescents.

Test-retest reliability measures the extent to which scores for a single individual are consistent over time and across settings. A personality measure should be fairly stable if it is to provide information about the individual. However, self-concept may be less stable among younger children whose sense of self is still under development. Thus, low test-retest reliability in the lower age ranges may be partially due to the instability of the underlying construct rather than measurement error per se.

A number of studies have investigated the test-retest stability of the Piers-Harris with both normal and special samples. The reliability coefficients ranged from .42 (with an interval of 8 months) to .96 (with an interval of 3 to 4 weeks). The median test-retest reliability was .73. In reviewing these studies, it should be remembered that reliability estimates which are based on more heterogeneous samples are expected to be higher due to less constriction in range. If a small standard deviation is obtained in a given sample for any reason, the test-retest reliability is

¹⁹Ibid., 58.

expected to be lower. In addition, the fact that shorter test-retest intervals are generally associated with higher reliability estimates is also consistent with expectation since there is less chance that environmental or developmental changes will have affected children's self-concepts.

An early study by Piers and Harris investigated the stability of the Piers-Harris using a 95-item version of the scale with a retest interval of 4 months.²⁰ Approximately half the early standardization sample was used from grades 3, 6, and 10. The resulting coefficients of .72, .71, and .72 were judged satisfactory for a personality instrument in the experimental stage of development, especially given the relatively long test-retest interval. The revised 80-item scale, though shorter, was shown to have better stability using both a 2-month ($r = .77$) and a 4-month ($r = .77$) test-retest interval. These coefficients were based on 244 fifth graders.

Following the administration, items answered in one direction by fewer than 10% or more than 90% of the respondents were inspected and, in most cases, dropped. However, because the instrument was designed to identify children with problems in self-concept, a few items such as "My parents love me" were temporarily retained even though answered "yes" by the great majority of children. This

²⁰Ibid., 58.

procedure resulted in the reduction of the initial item pool to 140 items, including the 12-item "lie" scale.

Using a sixth-grade sample of 127 students, the 30 highest and 30 lowest scores were identified and those items which discriminated significantly between these high and low groups ($p < .05$) were retained. Items which were not answered in the expected direction by at least half the group of higher scores were also dropped. The present scale consists of 80 items which met these two criteria. Three relatively neutral items were dropped after the analysis, leaving two more neutral items ("I would rather work alone than with a group" and "I am different from other people"), both of which discriminated between high and low scores at the .01 level.

Internal consistency is a measure of the average correlation among the items within a test.²¹ The reliability coefficient--coefficient alpha or Kuder-Richardson Formula 20 (KR-20) if the items are dichotomous--establishes a lower limit to the reliability of the test. Thus, high correlation coefficients are desirable.

Piers calculated internal consistency on a normative sample of 297 sixth and tenth graders. Using the KR-20 formula, the reliability estimates for the total score ranged from .88 to .93 for various subgroups.²²

²¹Ibid., 55.

²²Ibid., 55-56.

Lefley investigated the reliability of the Piers-Harris with Native American students from the Miccosukee and Seminole tribes.²³ Students ranged in age from 7 to 14 years ($N = 53$). Split-half reliability was computed by dividing the scale into equal halves and then correlating the scores for each half, using the Spearman-Brown formula to correct for the length of the two shortened scales. Lefley found an overall reliability coefficient of .91.

Winne, Marx, and Taylor investigating the construct validity of three self-concept measures for children, found an alpha coefficient of .90 for a sample of 103 elementary school children.

Although not standardized on black children, the Piers-Harris appears to be quite appropriate for their use.²⁴ Like the results on other self-concept scales, mean scores on the Piers-Harris for black groups have varied from above to below the norms for white children. For example, Booker found that 37 black children in a fourth-grade southern sample obtained significantly higher scores ($X = 61.89$) than the 142 white children ($X = 57.58$).²⁵ On the other hand, in the same geographical area, Coover found fifth-grade black children to score lower than whites.

²³Ibid., 56.

²⁴Ibid., 84.

²⁵Ibid., 84.

Ward and Braun studied the relationship between self-esteem and racial preference in inner-city and suburban black school children.²⁶ Results indicated that subjects who showed preference for a black puppet over a white one had significantly higher self-concept scores than those who made fewer black preference choices. There were no significant sex or social class differences.

These variables results suggest that race per se is not a main determinant of self-concept, and that simple comparison studies with white children probably are not very enlightening. Instead, it would seem more useful to look within the various racial or ethnic groups for variables which influence self-concept.

Procedure

There were three study periods for this research. They included the pre-research period, the research period, and the post-research period. After reading and reviewing research relative to Student Assistance Programs (SAPs), the researcher conceptualized a culturally specific, Afrocentric Student Assistance Program (SAP) model and recorded the ideas. The ideas included program philosophy, description, content, and activities. The researcher selected the one elementary school from which the counselees came. First, the researcher identified one inner-city elementary school

²⁶Ibid., 85.

within the Atlanta Public School System; second, the researcher wrote to the Atlanta Public School's director of Pupil Personnel Services requesting permission to conduct a counseling support group at the selected elementary school (see Appendices C and D); third, the researcher met with the principal or school counselor in order to receive Student Assistance Program (SAP) referrals; and fourth, the researcher scheduled group counseling sessions based on the school, grade level, day, and time. The researcher conducted one eight week support group. Two weeks prior to the first support group, the researcher issued parent consent forms to the fifth grade teachers for disbursement to the selected counselees (see Appendix E). Parent consent forms give the counselees permission from their parents to participate in the support group. The counselees must return these forms before they can participate in the eight-week support group. Counseling sessions lasted for one hour. Site Accountability Forms were used to maintain site location, attendance, and topic summaries.

Random sampling was executed in the study, and the descriptive research employed the survey method for data collection. The data was collected via the questionnaire by administering it to the group of fifth grade students. The statistical analysis was completed by using the quantitative data form of descriptive statistics. The time line for the research was eleven weeks. The questionnaire was ordered

and received the first week. Support groups were held during the following eight weeks. The questionnaire was given to the counselees during the first and last weeks of the support group eight-week period.

Counselees completed the self-concept scale at the first counseling session during the first week. This was considered the pretest day. Counselees completed the self-concept scale again at the last counseling session during the eighth week. This was considered the posttest day. On the pretest and posttest days the researcher picked up the counselees from their classrooms and escorted them to the room where the self-concept scale was administered. The counselees were seated at a table. Each was given the option of selecting his/her seat. After being seated, counselees were issued a pencil and a self-concept scale. The self-concept scale was placed face-down in front of the counselees. The researcher instructed the counselees not to touch the pencil or self-concept scale until told to do so. After issuing the pencils and self-concept scales, the researcher instructed the counselees to turn their self-concept scales over and read the directions silently as the researcher read the directions aloud to the counselees. Following the reading of the directions, the researcher read and explained each statement. After the reading and explaining of each statement, the counselees were given the opportunity to respond to the statement by circling yes or

no. Each counselee was given a ruler. The ruler was used for placement under the statements and their matching response choices to ensure that the counselee circled the response that matched the appropriate statement. Forty-five minutes was allotted for the self-concept session. After completing the self-concept scale, the counselees were instructed to place their pencils on the table and turn the self-concept scale face-down. The researcher collected the self-concept scales and pencils simultaneously while allowing the counselees to talk softly to each other. The researcher placed the pencils and self-concept scales in an attache case and used the remaining fifteen minutes to make closing remarks. After the remarks, the researcher escorted the counselees to their classrooms.

The researcher returned to the room and tabulated the self-concept responses. The researcher reviewed all data. The total raw score was the total number of "yes" responses, and was converted to percentiles, stanines, and T-scores to aid in interpreting the scale. Conversions are listed in Appendix Table A of the manual.²⁷ To use the table, the researcher located the counselee's raw score in the left-hand column of the table then moved along the columns to find the corresponding percentile, stanine, or T-score. The scores were analyzed and summarized once they were recorded

²⁷Ibid., 8.

via the t-test, ANOVA, and measures of central tendency.
The study was terminated following data collection.

CHAPTER FOUR

RESULTS

This study was conducted to examine the effects on self-concept of an African-American, culturally specific Student Assistance Program at Hope Elementary School, an Atlanta Public School. Results from the Piers-Harris Children's Self-Concept Scale, administered before and after one eight week support group, follow.

Pretest

The pretest responses referenced the way counselees felt about themselves prior to AST SAPEF intervention. As shown in Table 1, of the 20 survey respondents, 10 (or 50%) answered questions resulting in scores at the above average and much above average levels. The total number of items answered positively (the raw score) ranged from 58 to 79. Ten (or 50%) also answered questions resulting in scores at the much below average and below average levels. The total number of items answered positively (the raw score) ranged from 3 to 52.

In reference to the pretest scores, four subjects (20%) scored much above average, six (30%) scored above average, six (30%) scored below average, and four (20%) scored much below average (see Table 2).

Posttest

As shown in Table 1, of the 20 survey respondents, 17 (or 85%) answered questions resulting in scores at the above average and much above average levels. The total number of items answered positively (the raw score) ranged from 54 to 80. Three (or 15%) answered questions resulting in scores at the much below average and below average levels. The total number of items answered positively (the raw score) ranged from 38 to 45.

In reference to the posttest scores, sixteen subjects (80%) scored much above average, one (5%) scored above average, one (5%) scored below average, and two (10%) scored much below average (see Table 3). Sixteen students scored higher on the posttest.

TABLE 1

RESPONSES TO ITEMS ON THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

Item	Subjects Number (Percentage)							
	Pretest				Posttest			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
1. My classmates make fun of me.	6	(30)	14	(70)	6	(30)	14	(70)
2. I am a happy person.	15	(75)	5	(25)	15	(75)	5	(25)
3. It is hard for me to make friends.	6	(30)	14	(70)	4	(20)	16	(80)
4. I am often sad.	5	(25)	15	(75)	2	(10)	18	(90)
5. I am smart.	15	(75)	17	(85)	5	(25)	3	(15)
6. I am shy.	7	(35)	13	(65)	7	(35)	13	(65)
7. I get nervous when the teacher calls on me.	9	(45)	11	(55)	6	(30)	14	(70)
8. My looks bother me.	10	(50)	10	(50)	6	(30)	14	(70)
9. When I grow up, I will be an important person.	14	(70)	6	(30)	15	(75)	5	(25)
10. I get worried when we have tests in school.	6	(30)	14	(70)	4	(20)	16	(80)
11. I am unpopular.	9	(45)	11	(55)	3	(15)	17	(85)

TABLE 1 (continued)

Item	Subjects Number (Percentage)							
	Pretest				Posttest			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
12. I am well behaved in school.	12	(60)	8	(40)	16	(80)	4	(20)
13. It is usually my fault when something goes wrong.	8	(40)	12	(60)	5	(25)	15	(75)
14. I cause trouble to my family.	3	(15)	17	(85)	6	(30)	14	(70)
15. I am strong.	12	(60)	8	(40)	14	(70)	6	(30)
16. I have good ideas.	13	(65)	7	(35)	19	(95)	1	(5)
17. I am an important member of my family.	15	(75)	5	(25)	18	(90)	2	(10)
18. I usually want my own way.	8	(40)	12	(60)	2	(10)	18	(90)
19. I am good at making things with my hands.	12	(60)	8	(40)	17	(85)	3	(15)
20. I give up easily.	9	(45)	11	(55)	4	(20)	16	(80)
21. I am good in my school work.	13	(65)	7	(35)	15	(75)	5	(25)
22. I do many bad things.	7	(35)	13	(65)	4	(20)	16	(80)

TABLE 1 (continued)

Item	Subjects Number (Percentage)					
	Pretest			Posttest		
	Yes N %	No N %		Yes N %	No N %	
23. I can draw well.	10 (50)	10 (50)		15 (75)	5 (25)	
24. I am good in music.	13 (65)	7 (35)		18 (90)	2 (10)	
25. I behave badly at school.	7 (35)	13 (65)		5 (25)	15 (75)	
26. I am slow in finishing my school work.	8 (40)	12 (60)		4 (20)	16 (80)	
27. I am an important member of my class.	10 (50)	10 (50)		18 (90)	2 (10)	
28. I am nervous.	6 (30)	14 (70)		2 (10)	18 (90)	
29. I have pretty eyes.	12 (60)	8 (40)		15 (75)	5 (25)	
30. I can give a good report in front of the class.	14 (70)	6 (30)		17 (85)	3 (15)	
31. In school I am a dreamer.	13 (65)	7 (35)		17 (85)	3 (15)	
32. I pick on my brother(s) and sister(s).	7 (35)	13 (65)		5 (25)	15 (75)	
33. My friends like my ideas.	14 (70)	6 (30)		17 (85)	3 (15)	

TABLE 1 (continued)

Item	Subjects Number (Percentage)							
	Pretest				Posttest			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
34. I often get into trouble.	6	(30)	14	(70)	4	(20)	16	(80)
35. I am obedient at home.	12	(60)	8	(40)	16	(80)	4	(20)
36. I am lucky.	13	(65)	7	(35)	16	(80)	4	(20)
37. I worry a lot.	7	(35)	13	(65)	4	(20)	16	(80)
38. My parents expect too much of me.	5	(25)	15	(75)	3	(15)	17	(85)
39. I like being the way I am.	10	(50)	10	(50)	17	(85)	3	(15)
40. I feel left out of things.	11	(55)	9	(45)	4	(20)	16	(80)
41. I have nice hair.	11	(55)	9	(45)	15	(75)	5	(25)
42. I often volunteer in school.	7	(35)	13	(65)	18	(90)	2	(10)
43. I wish I were different.	11	(55)	9	(45)	5	(25)	15	(75)
44. I sleep well at night.	14	(70)	6	(30)	18	(90)	2	(10)
45. I hate school.	8	(40)	12	(60)	5	(25)	15	(75)

TABLE 1 (continued)

Item	Subjects Number (Percentage)					
	Pretest			Posttest		
	Yes N %	No N %		Yes N %	No N %	
46. I am among the last to be chosen for games.	9 (45)	11 (55)		0 (0)	20 (100)	
47. I am sick a lot.	5 (25)	15 (75)		2 (10)	18 (90)	
48. I am often mean to other people.	6 (30)	14 (70)		0 (0)	20 (100)	
49. My classmates in school think I have good ideas.	13 (65)	7 (35)		19 (95)	1 (5)	
50. I am unhappy.	5 (25)	15 (75)		4 (20)	16 (80)	
51. I have many friends.	11 (55)	9 (45)		16 (80)	4 (20)	
52. I am cheerful.	15 (75)	5 (25)		17 (85)	3 (15)	
53. I am dumb about most things.	7 (35)	13 (65)		1 (5)	19 (95)	
54. I am good looking.	13 (65)	7 (35)		18 (90)	2 (10)	
55. I have lots of pep.	12 (60)	8 (40)		18 (90)	2 (10)	
56. I get into a lot of fights.	8 (40)	12 (60)		3 (15)	17 (85)	
57. I am popular with boys.	13 (65)	7 (35)		18 (90)	2 (10)	

TABLE 1 (continued)

Item	Subjects Number (Percentage)							
	Pretest				Posttest			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
58. People pick on me.	10	(50)	10	(50)	2	(10)	18	(90)
59. My family is disappointed in me.	5	(25)	15	(75)	1	(5)	19	(95)
60. I have a pleasant face.	13	(65)	7	(35)	19	(95)	1	(5)
61. When I try to make something, everything seems to go wrong.	7	(35)	13	(65)	2	(10)	18	(90)
62. I am picked on at home.	7	(35)	13	(65)	2	(10)	18	(90)
63. I am a leader in games and sports.	13	(65)	7	(35)	16	(80)	4	(20)
64. I am clumsy.	8	(40)	12	(60)	3	(15)	17	(85)
65. In games and sports, I watch instead of play.	6	(30)	14	(70)	1	(5)	19	(95)
66. I forget what I learn.	5	(25)	15	(75)	3	(15)	17	(85)
67. I am easy to get along with.	13	(65)	7	(35)	16	(80)	4	(20)
68. I lose my temper easily.	8	(40)	12	(60)	3	(15)	17	(85)
69. I am popular with girls.	11	(55)	9	(45)	18	(90)	2	(10)

TABLE 1 (continued)

Item	Subjects Number (Percentage)					
	Pretest			Posttest		
	Yes N %	No N %		Yes N %	No N %	
70. I am a good reader.	11 (55)	9 (45)		16 (80)	4 (20)	
71. I would rather work alone than with a group.	8 (40)	12 (60)		4 (20)	16 (80)	
72. I like my brother (sister).	12 (60)	8 (40)		18 (90)	2 (10)	
73. I have a good figure.	13 (65)	7 (35)		18 (90)	2 (10)	
74. I am often afraid.	4 (20)	16 (80)		3 (15)	17 (85)	
75. I am always dropping or breaking things.	4 (20)	16 (80)		2 (10)	18 (90)	
76. I can be trusted.	14 (70)	6 (30)		19 (95)	1 (5)	
77. I am different from other people.	14 (70)	6 (30)		15 (75)	5 (25)	
78. I think bad thoughts.	6 (30)	14 (70)		5 (25)	15 (75)	
79. I cry easily.	5 (25)	15 (75)		5 (25)	15 (75)	
80. I am a good person.	12 (60)	8 (40)		15 (75)	5 (25)	

TABLE 2

**THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE
PRETEST SCORE RESULTS: RAW SCORES,
PERCENTILES, AND INTERPRETATION**

Counselee	Raw Score	Percentile	Interpretation
1	62	74	Above Average
2	50	41	Below Average
3	60	69	Above Average
4	40	20	Much Below Average
5	62	74	Above Average
6	33	11	Much Below Average
7	52	46	Below Average
8	37	15	Much Below Average
9	44	27	Below Average
10	72	95	Much Above Average
11	61	71	Above Average
12	58	63	Above Average
13	77	99	Much Above Average
14	67	87	Much Above Average
15	49	38	Below Average
16	3	1	Much Below Average
17	79	99	Much Above Average
18	45	29	Below Average
19	59	66	Above Average
20	25	5	Below Average

As shown in Table 2, of the 20 respondents, 4 (or 20%) scored much above average, 6 (or 30%) scored above average, 6 (or 30%) scored below average, and 4 (or 20%) scored much below average.

TABLE 3

THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE
 POSTTEST SCORE RESULTS: RAW SCORES,
 PERCENTILES, AND INTERPRETATION

Counselee	Raw Score	Percentile	Interpretation
1	70	93	Much Above Average
2	73	96	Much Above Average
3	76	99	Much Above Average
4	80	99	Much Above Average
5	54	52	Above Average
6	63	77	Much Above Average
7	45	29	Below Average
8	78	99	Much Above Average
9	39	18	Much Below Average
10	68	89	Much Above Average
11	76	99	Much Above Average
12	38	17	Much Below Average
13	80	99	Much Above Average
14	79	99	Much Above Average
15	73	96	Much Above Average
16	65	82	Much Above Average
17	72	95	Much Above Average
18	77	99	Much Above Average
19	70	93	Much Above Average
20	80	99	Much Above Average

As shown in Table 3, of the 20 survey respondents, 16 (or 80%) scored much above average, 1 (or 5%) scored above average, 1 (or 5%) scored below average, and 2 (or 10%) scored much below average.

Pretest and Posttest Comparison

Sixteen subjects scored higher on the posttest, while four subjects had lower scores. Mean pretest and posttest scores were 51.75 ± 18.34 and 67.80 ± 13.45 respectively. Scores on the pretest and posttest ranged from 3 to 79 and from 38 to 80. Pretest and posttest scores were compared using the paired t-test (see Table 4). The level of significance was set at $p < .05$. Pretest and posttest scores were significantly different ($t = -3.22$).

TABLE 4
T-TESTS FOR PAIRED SAMPLES

Variable	Number of Pairs	Corr	2-tail Sig	Mean	SD	SE of Mean
Pretest	20	.041	.865	51.7500	18.344	4.102
Posttest				67.8000	13.446	3.007
Paired Differences						
Mean	SD	SE of Mean	t-value	.df	2-tail Sig	
-16.0500	22.301	4.987	-3.22	19	.005	
95% CI (-26.487, -5.613)						

A t-Value of -3.22 was found which is interpreted to indicate a statistically significant difference between the means of the pre- and post-test scores. The value favored the post-test data.

Summary

The survey results revealed no response differences for items 1, 6, and 79 on the pretest and posttest for all 20 counselees. The number of items answered positively, with the exception of item 14, increased on the posttest.

The survey results indicated improvements when pretest and posttest scores were compared. The number of counselees scoring at the much above average level increased by 60% on the posttest. The number of counselees scoring at the below average and much below average levels decreased by 25% and 10% respectfully on the posttest.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Summary of Findings

The survey results from the Piers-Harris Children's Self-Concept Scale revealed no response differences for items 1, 6, and 79 on the pretest and posttest for all 20 counselees. The number of items answered positively, with the exception of item 14, increased on the posttest.

The survey results indicated improvements when pretest and posttest scores were compared. The number of counselees scoring at the much above average level increased by 60% on the posttest. The number of counselees scoring at the below average and much below average levels decreased by 25% and 10% respectfully on the posttest.

Conclusion

The African American community will benefit from the increased use of culturally specific counseling models designed to facilitate needs and counseling services based on cultural values, history, spirituality, and negative perceptions of the counseling process. Early counseling intervention centering around self-worth, respect for self and others, healthy lifestyles, and cultural pride will contribute to healthy and productive generations of African American children. Early intervention must begin at the pre-school level (school-based) with creative and meaningful

programs so that children will feel empowered to avoid self-destructive behaviors.

The African American community is also in need of culturally specific instruments designed by African Americans that are reflective of the African American culture. Hopefully these types of instruments will fairly and reasonably measure areas such as self-concept and intelligence.

Discussion

The purpose of this study was to design a culturally specific Afrocentric Student Assistance Program (SAP) counseling model, and to use it as intervention in measuring the self-concept of randomly sampled fifth grade students. The Piers-Harris Children's Self-Concept Scale was the instrument used to measure the students' self-concept prior to, and following AST SAPEF intervention. The study was of interest to the researcher due to the nonexistence of a culturally specific, Afrocentric SAP counseling model, and the many cases of elementary school students exhibiting symptoms of low self-concept as observed by the researcher on various occasions.

There were differences between pretest and posttest scores; however, one of the limitations of the study was that gender differences were not considered in an effort to outline where these differences actually occurred. For example, if male responses were similar on the pretest and

posttest, female responses may have accounted for the stronger variability in the posttest scores in comparison to the pretest scores. Since the primary facilitator of the intervention (the school counselor) was a female, females could have had the largest change in self-concept.

The emanation of SAPs has given students a vehicle whereby they can learn about substance abuse while simultaneously receiving help via support groups and treatment centers. However, students, especially inner city African-American students, experience many more problems than substance abuse which lead to the deterioration of their self-concepts. This deterioration in turn leads to self-destructive behaviors, low self-esteem, and a lack of motivation to excel mentally, physically, spiritually, emotionally, and socially.

African-American counselors, as well as African-American SAP counselors must continuously ameliorate the counseling services provided for inner city African-American students. They must also ensure that these students understand the counseling process and receive counseling services that are truly comprehensive.

To help in increasing self-concept and decreasing destructive behaviors of inner city African-American students, a school, parental, and community partnership could be a very beneficial and productive aspect of a culturally specific African-American SAP counseling model.

Distinctive normative patterns developed by the school community alone have a profound long-term effect on the self concepts, values, and skills that will result in time, and draw students toward or away from particular activities and areas of development (social, academic, physical, and interpersonal).¹

The lack of a sense of community and parental involvement within the school as an institutional environment isolate students daily in that the tone of the school environment is dominated by a superficial preoccupation in finding the right clothes and friends.² This preoccupation many times results in separation among students and in low self-esteem. Building a sense of oneness and respect for self and others is extremely vital in ceasing the self-destructive behaviors of inner city students. In the inner city, African-American populated schools, the counseling program must take responsibility for facilitating this sense of oneness and respect early by utilizing culturally specific counseling models such as AST SAPEF in order to prevent these self-destructive behaviors.

A sense of caring and commitment should permeate the inner city school counseling program and extend to the

¹Rosemary Thompson, School Counseling Renewal: Strategies for the Twenty-First Century (Muncie, IN: Accelerated Development Inc., 1992), 86.

²Ibid.

parents and the community.³ The culturally specific counseling model can serve as the vehicle to interfuse this sense of caring and commitment through counseling activities, support groups, enrichment activities, and a parental counseling component.

Over half of the counselee's scores improved after experiencing the AST SAPEF counseling model. This improvement suggests that the majority of the counselees' perceived self-concept may have changed as a result of their intervention with the AST SAPEF model. The counselees' perfect attendance during the eight week intervention period may suggest that their perception of counseling positively changed as a result of their exposure to the AST SAPEF model in that they viewed it to be a fun weekly outlet.

Research Implications

The survey results demonstrate that counseling intervention may produce positive changes in the increase of student self-concept. It will be important for culturally specific, Afrocentric counseling models via counseling intervention, to: emphasize and teach the value of life, assisting the counselee in realizing that material goods and financial wealth are not true determinants of happiness and prosperity; emphasize and promote positive peer pressures, teaching that negative peer pressure can result in hurt

³Ibid., 87.

feelings, violence, and other tragedies; and facilitate increased counselee self-concept and secureness in an effort for counselees to positively assertive and confident when interacting socially.

Recommendations for Counselors

In order to provide effective counseling services to inner city African American children, counselors must be sensitive to, and comprehend the child's environment and experiences. Counselors should be continuously vocal and visible, developing programs (inclusive of parent advisory committees) and conveying the counseling process in a positive, fun, and nonthreatening manner. African American counselors must immediately begin writing and designing more counseling models and instruments in an effort to ensure fair and reasonable assessment for African American children. Also it is imperative that counselors receive ongoing training and education in order to enhance their counseling skills, remain knowledgeable of the latest trends and developments in the counseling profession, and network in an effort to build a resource and support base.

Recommendations for Future Research

The focus of this study was to design a culturally specific, Afrocentric counseling model and examine the effects of this culturally specific model on the self-concepts of inner city fifth grade students. This study

could be expanded to examine the effects of the AST SAPEF model on self-concept based on gender differences and execution of the model by a male as opposed to a female. Additionally, a culturally specific, Afrocentric self-concept scale for children and teenagers could be developed and part of this study.

Many factors may have contributed to these findings. In future efforts, it is recommended that the self-concept scale administration take place following the completion of each component. This will assist individuals in outlining those factors that may contribute to observed differences, especially those that may be directly linked to gender specific behaviors and responses. Additionally, it is recommended that length of the support group be increased from eight weeks to ten weeks. This may result in increased disclosure on the part of the counselee, and provide time for further bonding in reference to the counselor/counselee relationship. A stronger design for this study would be characteristic of a control group verses an experimental group for the purpose of testing the hypothesis.

APPENDICES

APPENDIX A

CHOOSING THE OPTIMAL SAMPLING TECHNIQUE

Criteria	Simple Random	System- atic Random	Stratified Proportion	Multi-Stage Stratified Proportion	Stratified Dis- proportion	Multi-Stage Stratified Dis- proportion	Cluster	Quota	Convenience
I. Population Size									
Less than 100	/		(/)		(/)				
100 - 300		/	/	/	/			/	/
300 - 1,000		(/)	/	/	/	/	/		
1,000 or more				/	/	/	/		
II. Accuracy and Cost									
Highest accuracy/high cost				/		/	/		
Medium accuracy/med. cost	/	/	/	/	/		(/)		
Low accuracy/low cost	(/)	(/)						/	/
III. Population Listing Availability									
Available	/	/	/	/	/	/	/	/	/
Not available	(/)							/	/
IV. Geographic Area									
Large (regions, states ...)	(/)	(/)	(/)	/	(/)	/	/		
Medium (cities, counties ...)	/	/	/	/	/	/	/		
Small (school, community ...)	/	/	/	(/)	/	(/)	/	/	/
V. Population Diversity									
High				/	/	/	/		
Medium			/	/			/		
Low	/	/					/	/	/
VI. Prior Knowledge of Population Characteristics & Data Availability									
Much known				/	/	/	/		
Some known	/	/	/	/	/	/	/	/	/
Little known									
VII. Simple or Complex Research Issues									
Simple	/	/	/	/	/	/	/	/	/
Complex			/	/	/	/	/	/	/

/ indicates sampling techniques that commonly best fit the criteria described; exceptions are possible.

(/) indicates possible use, depending upon specific design characteristics.

APPENDIX B
TABLE OF RANDOM NUMBERS

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
83579	52978	49372	01577	62244	99947	76797	83365	01172
51262	63969	56664	09946	78523	11984	54415	37641	07888
05033	82862	53894	93440	24273	51621	04425	69084	54671
02490	75667	67349	68029	00816	38027	91829	22524	68403
51921	92986	09541	58867	09215	97495	04766	06763	86341
31822	36187	57320	31877	91945	05078	76579	36364	59326
40052	03394	79705	51593	29666	35193	85349	32757	04243
35787	11263	95893	90361	89136	44024	92018	48831	82072
10454	43051	22114	54648	40380	72727	06963	14497	11506
09985	08854	74599	79240	80442	59447	83938	23467	40413
57228	04256	76666	95735	40823	82351	95202	87848	85275
04688	70407	89116	52789	47972	89447	15473	04439	18255
30583	58010	55623	94680	16836	63488	36535	67533	12972
73148	81884	16675	01089	81893	24114	30561	02549	64618
72280	99756	57467	20870	16403	43892	10905	57466	39194
78687	43717	38608	31741	07852	69138	58506	73982	30791
86888	98939	58315	39570	73566	24282	48561	60536	35885
29997	40384	81495	70526	28454	43466	81123	06094	30429
21117	13086	01433	86098	13543	33601	09775	13204	70934
50925	78963	28625	89395	81208	90784	73141	67076	58986
63196	86512	67980	97084	36547	99414	39246	68880	79787
54769	30950	75436	59398	77292	17629	21087	08223	97794
69625	49952	65892	02302	50086	48199	21762	84309	53388
94464	86584	34365	83368	87733	93495	50205	94569	29484
52308	20863	05546	81939	96643	07580	28322	22357	59501
32519	79304	87539	28173	62834	15517	72971	15491	79606
29867	27299	98117	69489	88658	31893	93350	01852	86381
13552	60056	53109	58862	88922	41304	44097	58305	10642
73221	81473	75249	88070	22216	27694	54446	68163	34946
41963	16813	31572	04216	49989	78229	26458	89582	82020
81594	04548	95299	26418	15482	16441	60274	00237	03741
27663	33479	22470	57066	31844	73184	48399	05209	17794
07436	23844	45310	46621	78866	30002	91855	14029	84701
53884	59886	40262	38528	28753	14814	71508	91444	94335
45080	08221	30911	87535	66101	95153	36999	60707	10945
42238	98478	80953	25277	28869	69513	93372	98587	64229
49834	43447	29857	75567	85500	24229	23099	96924	23432
38220	82174	85412	66247	80642	45181	28732	76690	06085
61079	97636	62444	07315	78216	75279	75403	49513	16863
73503	47241	61985	91537	25843	89751	63485	34927	11334
18326	96584	45568	32027	97405	06282	75452	26667	46959
89596	26372	01227	23787	33607	69714	28725	43442	19512
45851	81369	08307	58640	14287	10100	43278	55266	46881
87906	42482	50010	31486	23801	08599	32842	47918	40894
24053	02256	03743	26642	03224	93886	57367	78910	58915
20525	69314	34939	70653	40414	94127	99934	35025	50342
30315	62283	53097	99244	08033	97879	92921	68432	68168
69240	41181	08462	99916	88851	43382	28262	10582	25126
59159	99994	25434	73285	54482	91218	49955	01232	55186
33137	42409	49785	02790	98720	89495	00135	27861	39637

(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)
03772	83596	52998	19683	03807	22324	16596	54549	15292
38223	26962	25821	84290	65223	83106	93175	24427	40531
38910	45316	24279	98066	67103	33755	85437	09309	75265
15780	60357	11069	47937	23687	40781	94043	74876	58012
59645	03262	59485	73462	41946	75704	61738	72335	96817
63333	68207	54070	92462	14731	82511	15065	46306	02456
85151	46866	84722	48086	20474	36574	69470	58413	37706
11531	34955	31169	04940	35640	98230	65837	36680	41477
96319	74374	92695	79458	31647	53067	13571	12179	99589
30134	59746	71665	13134	17529	39398	33946	73628	40643
04416	96960	85645	04216	28945	25137	60714	75168	83151
42928	79955	97819	45369	55359	17937	83239	11295	58130
52948	73357	82355	44257	52712	87726	91823	94251	98289
83365	12321	79618	53832	12536	21188	89557	96752	54411
17668	39848	04395	20304	74086	19150	86215	23346	84632
16488	84810	05643	70033	90915	95334	64949	45891	43946
87762	55973	04659	74735	31564	70225	76596	56131	90245
09545	67121	31566	88183	82886	45188	66813	56750	13472
50075	92832	23965	05293	84834	53872	13978	00210	77150
50014	56960	70470	84533	37605	35882	26829	09730	78137
27461	22430	70494	09014	81705	80986	72819	72797	20603
85455	36779	76804	65884	42010	20583	87053	01910	96843
46186	36401	36356	68021	41599	42851	79517	59232	37616
52865	88615	68405	17169	66648	89528	77078	45204	54016
19677	10382	66142	29876	62918	45150	73732	69810	82674
28445	84222	59854	57384	92011	14740	51517	21596	97755
30247	85449	88336	88043	86893	76735	08150	38847	06776
19069	16727	51768	37181	67709	08832	61876	83914	85457
07850	52649	32868	07651	77211	29598	13084	68633	88783
49746	61632	51796	53973	37340	46210	19822	28946	77191
32966	34486	41597	04154	32647	84479	92920	73104	97780
72920	05779	55936	34629	58795	95807	47141	57443	11846
96183	28273	32998	87991	37407	76595	49199	80466	75910
26410	65387	73201	37246	28831	18261	32480	95368	87073
25940	24468	45166	82520	94541	81832	56388	20212	81172
06149	87534	80183	38237	70561	15886	86544	56381	10014
07765	24744	91075	54307	72266	37321	89684	25908	17081
79930	48815	95288	00162	72993	37305	00922	57012	38192
86624	43304	96428	37148	61842	66107	26714	35042	33438
06874	26347	61749	34324	70973	00303	62882	70944	75589
22058	65172	55633	98434	63643	02538	79073	16385	44285
12825	40453	81056	09429	53089	47280	93450	25837	01359
09520	05545	62075	11026	92864	21694	94113	59588	07072
14123	63054	13983	27314	21748	26306	05480	58202	23461
07260	84731	51977	34707	40477	66515	42171	09292	43919
12494	23659	44181	58492	08178	20422	41828	73576	86239
82127	96579	74270	27091	21850	49286	75057	54749	66583
23184	99161	16549	28711	67847	90570	61705	02104	77154
55739	74047	33846	00562	85265	68479	28594	52163	79804
97799	90967	92906	67741	79498	76903	27121	32486	43435

APPENDIX C

LETTER REQUESTING PERMISSION TO CONDUCT STUDY

August 10, 1992

Dr. Willie Foster, Director
Pupil Personnel Services
Atlanta Public Schools
551 D.T. Howard Plaza, N.E.
Room 306
Atlanta, Georgia 30312

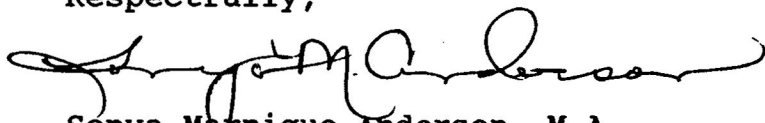
Dear Dr. Foster:

I am a doctoral candidate in the Department of Counseling and Human Development at Clark Atlanta University. I am developing a comprehensive, culturally specific, Afrocentric Student Assistance Program model designed to counsel students in grades first through fifth. The name of the model is Student Assistance Through Power, Exploration, and Foundation.

My purpose for writing to you is to ask for permission to conduct support groups in six of the elementary schools that I am most familiar with due to my work experiences in them. The schools are Bethune, Hope, Rusk, Slaton, D.H. Stanton, and F.L. Stanton. The support groups will consist of counselee evaluations at the end of an eight week period, and both (the support groups and evaluations) will assist me in measuring the effectiveness of my model.

I sincerely appreciate the courtesy of your assistance.
Thank you.

Respectfully,

A handwritten signature in cursive script, appearing to read "Sonya M. Anderson".

Sonya Marnique Anderson, M.A.
Doctoral Candidate
Counseling and Human Development

APPENDIX D

LETTER GRANTING PERMISSION TO CONDUCT STUDY



ATLANTA PUBLIC SCHOOLS

THE HOWARD BUILDING
DAVID T. HOWARD SQUARE
551 JOHN WESLEY DOBBS AVE., N.E.
ATLANTA, GEORGIA 30312

OFFICE OF
ASSOCIATE SUPERINTENDENT
FOR INSTRUCTION

March 20, 1995

PUPIL PERSONNEL SERVICES
827-8739-40

Department of Counseling and
Hum Development
Clark Atlanta University
James P. Brawley Drive, SW
Atlanta, GA 30314

Dear Sirs:

I am pleased to respond to Ms. Sonya M. Anderson's request to conduct support groups in six of the elementary schools in the Atlanta Public Schools. The schools are Bethune, John Hope, Dean Rusk, Slaton, D. H. Stanton and F. L. Stanton. I am granting Ms. Anderson permission to conduct support groups at the above mentioned schools.

Ms. Anderson, since you are not providing direct services to the students human subjects, contracts are not required or necessary.

If additional information is needed, you may contact me at 827-8740.

Sincerely,

A handwritten signature in cursive script that reads "Willie Foster".

Willie Foster, Director
Pupil Personnel Services

WF:gc

APPENDIX E

ASSESSING SELF-CONCEPT THROUGH STUDENT ASSISTANCE,
POWER, EXPLORATION, AND FOUNDATION (AST SAPEF)

PARENT CONSENT TO ATTEND AST SAPEF
COUNSELING SESSIONS

Dear Parents:

In an effort to better meet the needs of all students, _____ Elementary School is offering counseling sessions on a weekly basis. These groups are intended to provide a safe, caring, and private setting for students to share and discuss some of their concerns surrounding school, interpersonal relationships, family, peer pressure, study habits, chemical use issues, self-esteem, etc.

It has been recommended that your child attend the AST SAPEF Counseling Session every _____ for approximately _____ class periods.

If you have any questions, please contact
_____ or _____. Please sign and
(Name/Phone #) (Name/Phone#)

return this form to your school principal or his/her designee as soon as possible so that your child may participate in the AST SAPEF Counseling Sessions.

PLEASE RETURN

I hereby give permission for _____ to participate in the AST SAPEF Counseling Sessions being offered at _____ School.

Parent/Guardian Signature _____ Date _____

Phone: work _____ home _____

Student Signature _____ Date _____ HR _____

Approval _____ Date _____

Principal

APPENDIX F

WESTERN PSYCHOLOGICAL SERVICES ADDRESS

The Piers-Harris Children's Self-Concept Scale may be obtained from:

Western Psychological Services
Publishers and Distributors
12031 Wilshire Boulevard
Los Angeles, California 90025-1251

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